

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000060597 (0)

1. Corporation Name

BASSIN HORSESHOEING, INC.



Principal Place of Business

5132 2ND RD.
LAKE WORTH FL 33467

Mailing Address

5132 2ND RD.
LAKE WORTH FL 33467-5616

2. Principal Place of Business

21 861 Country Meadows
Suite, Apt. #, etc.

City & State

23 Alford FLA.

Zip

24 32420

Country

25 Alford.

2a. Mailing Address

26 861 Country Acres Rd.
Suite, Apt. #, etc.

City & State

28 Alford FLA.

Zip

29 32420

Country

30 Alford.

9. Name and Address of Current Registered Agent

BASSIN, ALLEN
5132 2ND RD.
LAKE WORTH FL 33467

3. Date Incorporated or Qualified

08/26/1993

3a. Date of Last Report

07/24/1996

4. FEI Number

65-0423925

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Allen Bassin

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

3-12-97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
BASSIN, ALLEN
STREET ADDRESS 5132 2ND RD.
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE ☐ DELETE

NAME D
BASSIN, SUZANNE
STREET ADDRESS 5132 2ND RD.
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE ☐ DELETE

NAME D
BASSIN, ALLEN
STREET ADDRESS 861 COUNTRY ACRES RD.
CITY-ST-ZIP ALFORD FLA. 32420

TITLE ☐ DELETE

NAME D
BASSIN, SUZANNE
STREET ADDRESS 861 COUNTRY ACRES RD.
CITY-ST-ZIP LAKE WORTH FLA. 32420

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

300002119593

-03/20/97--01017--035

***165.00

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE ALL (Bassin) 3-12-97 32420 32420 32420

CR2E034 (9/96)