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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000060363

1. Corporation Name
BASSLER ENTERPRISES CORP.



Principal Place of Business
 1420 SOUTHEAST 3RD STREET
 CAPE CORAL FL 33990

Mailing Address
 1420 SOUTHEAST 3RD STREET
 CAPE CORAL FL 33990

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 *1318 Lafayette St.*
 Suite, Apt. #, etc.
 22
 City & State
 23 *Cape Coral, Fl.*
 Zip Country
 24 *33904* 25

2a. Mailing Address
 26 *1318 Lafayette St.*
 Suite, Apt. #, etc.
 27
 City & State
 28 *Cape Coral, Fl.*
 Zip Country
 29 *33904* 30

3. Date Incorporated or Qualified
07/11/1997

4. FEI Number
65-0766379 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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
LAROCCO, R.
1505 SE 40TH STREET
SUITE C
CAPE CORAL FL 33914

10. Name and Address of New Registered Agent
 81 Name *HILL, THOMAS W.*
 82 Street Address (P.O. Box Number is Not Acceptable) *1318 Lafayette St.*
 83
 84 City *Cape Coral* FL 85 Zip Code *33904*

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 *Thomas W Hill* DATE **1-6-99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PVST	<input type="checkbox"/> DELETE
NAME	BASSLER, ARMIN	
STREET ADDRESS	1420 SOUTHEAST 3RD STREET	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LAROCCO, R.	
STREET ADDRESS	1505 SE 40TH STREET, STE C	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BASSLER, ARMIN	
STREET ADDRESS	1420 SOUTHEAST 3RD STREET	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<i>5412 SANDS BLVD.</i>
1.4 CITY-ST-ZIP	<i>CAPE CORAL, FL 33914</i>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<i>HILL, THOMAS W.</i>
4.3 STREET ADDRESS	<i>1318 LAFAYETTE ST.</i>
4.4 CITY-ST-ZIP	<i>CAPE CORAL, FL 33904</i>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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; that 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, with all other like empowered.

SIGNATURE: *Thomas W Hill* *Bassler Armin* DATE **1-6-99** DAYTIME PHONE # **941-549-2444**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)