

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90065 034 ***150.00

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

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

2. Principal Place of Business

21 1318 Lafayette St.
Suite, Apt. #, etc.

2a. Mailing Address

26 1318 Lafayette St.
Suite, Apt. #, etc.

City & State

23 Cape Coral, Fl.
Zip Country

24 33904

25

City & State

28 Cape Coral, Fl.
Zip Country

29 33904

30

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

(NOTE: Registered Agent signature required when reinstating)

1-6-99

DATE

12. OFFICERS AND DIRECTORS

TITLE PVST ☐ DELETE

NAME BASSLER, ARMIN
STREET ADDRESS 1420 SOUTHEAST 3RD STREET
CITY-ST-ZIP CAPE CORAL FL 33990

TITLE D ☒ DELETE

NAME LAROCCO, R.
STREET ADDRESS 1505 SE 40TH STREET, STE C
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE D ☒ DELETE

NAME BASSLER, ARMIN
STREET ADDRESS 1420 SOUTHEAST 3RD STREET
CITY-ST-ZIP CAPE CORAL FL 33990

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 5412 SANDS BLVD.

1.4 CITY-ST-ZIP CAPE CORAL, FL. 33914

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 CAPE CORAL, FL 33904

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

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

1-6-99

941-549-2444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0440715