PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEFARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000091044

1. Corporation Name

BAS MARKETING GROUP, INC.

Principal Place of Business

Mailing Address

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90065 030 ***150.00



	ETTO PARK ROAD	1489 W. PALMETTO PARK ROAD					
SUITE 485 SUITE 485 BOCA RATON FL 33486 BOCA RATON FL 33486					DO NOT WRITE IN THIS SPACE	•	
DOOM HATON	12 50400	DOOM INVOICE GOVE			3. Date Incorporated or Qualifed 10/26/1998		
2. Principal Place of Business 2a. Mailing Address						optied For	
⊢ ¬.		26 2717 W Cypres		1 m a a le	- Rd 65-0873702	ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				reek	\$8.75	Additional equired	
22 Suite City & State		27 Suite 212 City & State			6. Election Campaign Financing S5.00	May Be	
-			1		1	to Fees	
	Lauderdale, FL	<u> Ft. Lauderda</u> I Zw	ule,	.F.1	~ ~ · · · · · · · · · · · · · · · · · ·		
Zip	- Codinary				8. This corporation owes the current year Intangible Personal Property Tax.	□No	
24 33309			_US#	<i></i>	10. Name and Address of New Registered Agent		
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registered Agent		
CAN	ITOR, SAMUEL J						
1489 W. PALMETTO PARK ROAD				82 Street Address (P.O. Box Number is Not Acceptable)			
1	TE 485		83				
BOC	CA RATON FL 33486		84	City	FL 85 Zip	Code	
					_ ,		
i office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of im familiar with, and accept the obligation	i Florida. Such change was authoriz	zed by	tne corpoi	corporation submits this statement for the purpose of changing its ration's board of directors. I hereby accept the appointment as re	egistered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Registe	ned Agen	t signature re-	guired when reinstating) DATE	<u> </u>	
12.	OFFICERS AND		3.		ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ORS IN 12	
TITLE	D		1 TITLE		Change	☐ Addition	
NAME	PARKER, DAVID L	1.2	2 NAME				
STREET ADDRESS 1489 W. PALMETTO PARK ROAD, SUITE 485			STREET	ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33486	•	CITY-ST	r-ZIP			
TITLE		☐ DELETE 2:	1 TITLE	1	D Change	XX Addition	
NAME		2.2	2 NAME	j	Steven G. Rose	[
STREET ADDRESS		2.2	3 STREET		2717 W Cypress Creek Rd		
CITY-ST-ZIP		2	4 CITY-S	T-ZîP	Ft. Lauderdale, Fl 33309	·	
TITLE	 		TITLE	` =:	Change	X ★ddition	
NAME		3.2	2 NAME	lì	Dan O'Gorman	7121	
STREET ADORESS		3.3	3 STREET	ADDRESS	2717 W Cypress Creek Rd	1	
CITY-ST-ZIP			4. CITY-S		Ft. Lauderdale, Fl 33309		
TITLE		☐ DELETE 4.	1 TITLE		☐ Change	☐ Addition	
NAME		4.	2 NAME				
STREET ADDRESS		4.3	3 STREET	ADDRESS			
CITY-ST-ZIP		4.4	4 CITY-ST	r-ZIP			
TITLE .		☐ DELETE 5:	1 TITLE		Change	Addition	
NAME		5.3	2 NAME				
STREET ADDRESS		5.3	3 STREET	ADDRESS			
1	I					1	
CITY-ST-ZIP		5.4	4 CITY+S	r- ZIP			
CITY-ST-ZIP TITLE			4 CITY-S' 1 TITLE	T- ZIP		Addition	

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 a attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP