

07071999-90011-006-\$150.00-\$150.00

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750)

99.

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**

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

FILED

99 AUG 12 AM 10:24

 STATE OF FLORIDA  
 TALLAHASSEE, FLORIDA
DOCUMENT # **S59722**

1. Corporation Name

**B.A.S.S. LITHO, INC.**

Principal Place of Business

 1028 NE 44 COURT  
 OAKLAND PARK FL 33334

Mailing Address

 1028 NE 44 COURT  
 OAKLAND PARK FL 33334

 7/7/99 90011 006 \$150.00  
 DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/13/1991

4. FEI Number

65-0270549

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 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**ALFONSO ALFANO**  
**3001 S.W. 135TH TERRACE**  
**DAVE FL 33029**

10. Name and Address of New Registered Agent

 81 Name **Alfonso Alfano**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**2099 N.W. 12TH AVENUE**  
 83  
 84 City **Pembroke Pines FL** 85 Zip Code **33029**

11. Pursuant to the provisions of sections 807.0502 and 807.1508, 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 807.0505, Florida Statutes.

SIGNATURE

06/30/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	ALFANO, ALFONSO	
STREET ADDRESS	3001 S.W. 135TH TERR	
CITY-STATE-ZIP	DAVE FL 33029	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	IRELAND, SCOTT RALSTON	
STREET ADDRESS	232 FARMINGTON DR	
CITY-STATE-ZIP	PLANTATION FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	CASTAGNA, ROBERT	
STREET ADDRESS	3139 N.W. 72ND AVE	
CITY-STATE-ZIP	MARGATE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-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	2099 N.W. 12TH AVENUE
1.3 STREET ADDRESS	Pembroke Pines, FL 33029
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	33317 zip code
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	33063 zip code
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

06/30/99

(954) 772-4996

Date

Daytime Phone #

CR2E034 (5/98)

KE

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B.A.S.S. LITHO, INC.  
1028 N.E. 44TH CT.  
OAKLAND PARK, FL 33334

JUNE 30, 1999

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

DEAR MS. HARRIS, Secretary of State:

We are sending this letter to respond to a "2nd Notice" for filing the 1999 Profit Corporation Annual Report Packet. We do not have the original notice sent and when we called the telephone number on the back of the packet, the woman confirmed that it was not yet received. We are not lax about taxes or any important documents concerning the company. I feel certain that we have never neglected to send this packet in a timely manner during previous years.

We are writing this letter today, at the advice of your representative, and enclosing the regular fee in hopes that you will forgive the late charges on the grounds that we did not receive the previous notice and have not been past offenders.

We appreciate your consideration of this matter and will wait to hear from you further.

THANK YOU,



SCOTT R. IRELAND  
Vice-President  
SRI/sb

we send this  
check under protest  
because we do not  
feel that you are  
being fair with us!