

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **179254** (8)

1. Corporation Name
BATEMAN, GORDON & SANDS, INC.



Principal Place of Business
**12 N.E. 24TH AVENUE
P.O. BOX 1270
POMPANO BEACH FL 33061**

Mailing Address
**12 N.E. 24TH AVENUE
P.O. BOX 1270
POMPANO BEACH FL 33061**

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. # etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

3. Date Incorporated or Qualified 06/18/1954	3a. Date of Last Report 03/01/1995
4. FEI Number 59-0715027	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SANDS, J., LARRY
405 NE 2ND ST
POMPANO BEACH FL 33060**

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 607.1505, 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

Signature of Registered Agent of this corporation (Block 9) _____ Date of Signature _____ DAY

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	SANDS, WINONA	
STREET ADDRESS	405 NE 2ND ST	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SANDS, LARRY	
STREET ADDRESS	405 NE 2ND ST	
CITY-ST-ZIP	POMPANO BEACH, FL 00000	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GORDON, DANIEL E.	
STREET ADDRESS	2351 NE 29TH STREET	
CITY-ST-ZIP	LIGHTHOUSE PT, FL 00000	
TITLE	WB PD	<input type="checkbox"/> DELETE
NAME	BROWN, W. DURAN	
STREET ADDRESS	761 PARKSIDE CIR. N.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BUCHANAN, PETER	
STREET ADDRESS	2821 N.E. 39TH STREET	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	NEDERLANDEN, ALAN	
STREET ADDRESS	2741 NE 52 CT.	
CITY-ST-ZIP	LIGHTHOUSE PT. FL 33064	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
11 TITLE	V
12 NAME	CINDY STEELE
13 STREET ADDRESS	4997 SW 123 TERR.
14 CITY-ST-ZIP	COOPER CITY FL 33330
21 TITLE	V
22 NAME	WHITNEY PETER J. JR.
23 STREET ADDRESS	2460 NE 21 TERR
24 CITY-ST-ZIP	LIGHTHOUSE PT FL 33064
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stipulated in Section 119.07(2)(B), 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.

SIGNATURE: *J. Larry Sands* **J. LARRY SANDS, TRUSTEE** 3/14/96 95A-941-0900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)