

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # L67947 (6)

1. Corporation Name
BATTLE AND ROOSEVELT, INC.



Principal Place of Business
**210 TANGIER AVE
PALM BCH FL 33480
US**

Mailing Address
**210 TANGIER AVE
PALM BCH FL 33480
US**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29

30

3. Date Incorporated or Qualified **04/23/1990** 3a. Date of Last Report **01/13/1995**

4. FEI Number **65-0194644** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**ROOSEVELT, AVA F
210 TANGIER AVENUE
PALM BEACH FL 33480**

10. Name and Address of New Registered Agent
31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL 85** Zip Code

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 _____ DATE _____
Signature of principal place of business of registered agent and fee applicant (if applicable) (if not registered agent, signature required when re-statuting)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BATTLE, ASHTON H.	
STREET ADDRESS	249 PLANTATION RD	
CITY - ST - ZIP	PALM BCH, FL 33480	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ROOSEVELT, AVA F.	
STREET ADDRESS	210 TANGIER AVE	
CITY - ST - ZIP	PALM BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2		
3	STREET ADDRESS	
4	ST - ZIP	
5		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6		
7	STREET ADDRESS	
8	ST - ZIP	
9		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10		
11	STREET ADDRESS	
12	ST - ZIP	
13		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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15	STREET ADDRESS	
16	ST - ZIP	
17		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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19	STREET ADDRESS	
20	ST - ZIP	
21		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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23	STREET ADDRESS	
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27	STREET ADDRESS	
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35	STREET ADDRESS	
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37		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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39	STREET ADDRESS	
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41		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42		
43	STREET ADDRESS	
44	ST - ZIP	
45		<input type="checkbox"/> Change <input type="checkbox"/> Addition
46		
47	STREET ADDRESS	
48	ST - ZIP	
49		<input type="checkbox"/> Change <input type="checkbox"/> Addition
50		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and certifies that the information indicated on this annual report or supplemental annual report is true and accurate and 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: *Ava Roosevelt, President* Date: **2/16/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E034 (12/95)