FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90095 009 ***150.00

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

Mailing Address

. PROFIT **CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000042600

1. Corporation Name

Principal Place of Business

D.A. BATTEN & ASSOCIATES, CPA, P.A.

1326 SOUTH HI SUITE #18	DEMOOD AVENUE	SUITE #18						
DAYTONA BEAC	CH FL 32114	DAYTONA BEACH FL 32114			DO NOT WRITE IN THIS SPACE			
US		US		3. Date Incorporated or Qualifed 06/07/1993				
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	A	pplied For	
21		26			59-3185827	N	ot Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.				\$8.75	Additional ·	
22		27	***.		5. Certificate of Status Desired		equired	
City & State		City & State			6. Election Campaign Financing	•	May Be	
23		28			Trust Fund Contribution		to Fees	
Zip	Country	Zip	Country	<i>(</i>	8. This corporation owes the current year In		- 1	
24	25 29 30				Personal Property Tax.	Yes	□No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent		
BATTEN, DAVID A			81					
	SOUTH RIDGEWOOD AVENUE			Street Ac	Iress (P.O. Box Number is Not Acceptable)			
DAY	TON BEACH FL 32114							
			84	City	FI	85 Zip	Code	
dd Dawran	to the previous of Continue 607 0503	and 607 1509 Florida Statutos	the abou	e-named co	· ·	- f changing it:	s registered	
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 a	m familiar with, and accept the obligati	ons of, Section 607.0505, Florid	a Statutes	S.				
SIGNATURE		Add Warriaghts (NOTE: D	naistered Ass	ot eignature room	uired when reinstating) DATE			
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	ik algitatura requ	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12	
TITLE	P	DELETE	1.1 TITLE			[] Change	Addition	
}	BATTEN, DAVID A		1.2 NAME	}				
NAME [1326 S RIDGEWOOD AVE #18							
STREET ADDRESS				TADDRESS				
CITY-ST-ZIP	DAYTONA BEACH FL		1.4 CITY-5	T-ZIP		C) Chanca	Addition	
TITLE	<u> </u>		2.1 TITLE			Change	☐ Addidoll	
NAME	BATTEN, DAVID A		2.2 NAME					
STREET ADDRESS	1326 S RIDGEWOOD AVE #18		2.3 STREE	TADDRESS	سب بر بر ب			
CITY-ST-ZIP	ST-ZIP DAYTONA BCH FL		2.4 C/TY-	ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition	
NAME			3.2 NAME				ì	
STREET ADDRESS			3.3 STREE	TADDRESS				
CITY-ST-ZIP			3.4. CITY-					
TITLE		(DELETE	4.1 TITLE			Change	☐ Addition	
NAME			4. 2 NAME	1			l	
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP				
TiTLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition (
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	T ADDRESS				
CITY-ST-ZIP	,		5.4 CITY-5	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition	
NAME			6.2 NAME				l	
·*~			e a emer	T ADDRESS :			Į	

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZiP

CR2E034 (11/98)