SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P94000092238 (2)

BATES SO	ONS & DA	ughters, ii	NC.									(1) 8) (8)/ (86)	
Principal Place of	of Business			ailing Address									
81 BATES RD. 81 BATES RD. LAKE PLACID FL 33852 LAKE PLACID FL 33852									DO NOT WRITE IN THIS SPACE				
									3. Date Incorporated or Qualified		Date of Las	t Report	
									12/19/1994	I	4/23/199	•	
2. Principal Place	e of Business		2a.	Mailing Address					4. FEI Number		11501 100	Applied For	
21			26						65-0542091			Not Applicable	
Suite, Apt. #, etc.			ļ	Suite, Apt. #, etc.					5. Certificate of Status Desired	П	\$8.7	5 Additional	
22			27						• Continuate of Glatus Desired		Fee	Required	
City & State			<u> </u>	City & State					6. Election Campaign Financing	_	\$5.0	00 May Be	
23	3			28				Trust Fund Contribution			ed to Fees		
Zip 24		Country	<u> </u>			Country			8. This corporation owes or has paid the current year Intangible				
24	9. Name and	Address of Cur	29 rent Regist	lered Agent	30				Personal Property Tax due Ju 10. Name and Address of New I		Yes	∐ No	
	, JAMES D		· · · · · · · · · · · · · · · · · · ·	torou Agont		81	Name		10. Name and Address of New I	uañis (a) a	u Agent		
	TES RD.												
	PLACID FL 3	19859				82	2 Street Addre		ss (P.O. Box Number is Not Accept	table)			
Date		NOVE				83							
						84	City			F	85 Z	ip Code	
11. Purguant to the	the provisions	of Captions CO7 C	1502 and 60	37 1000 Fireful Over	iton the e	11		001001	ration submits this statement for the		of changin	a ite registered	
I THE FUISCANT TO II		OF SOCIOUS OUT,C	JOOR BING OC	J7. 1908, Florida Stati	nes, ne a	ΙΟΟνι	e-named i	COLDO					
office or regis	istered agent, familiar with a	or both, in the Standard accept the ob-	ate of Florid	ur. 1506, Florida Stati la. Such change was Section 607 0505 - I	authorize	d by	e-named i the corp	oration	n's board of directors. I hereby acc	ept the ap	pointment	as registered	
Į.	istered agent, familiar with, a	or both, in the Standactory	ate of Florid digations of	da. Such change was , Section 607.0505, I	authorize Torida Sta	d by	e-named in the corp is.	oration	ration submits this statement for the n's board of directors. I hereby acc	ept the ap	pointment	as registered	
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SIGNATURE Sign 12.	nature, typed or pri	offed name of registered OFFICERS A	agont and title i	if applicable (NC	OTE Registere	d Age			when reinstaling)	DATE	· · · · · · · · · · · · · · · · · · ·	ORS IN 12	
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64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 eath; 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.

CITY-ST-ZIP

FILED

Aug 08 1997 8:00am

Secretary of State