

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

**FILED**

**Mar 20 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # 494016**

**(9)**

1. Corporation Name  
**D. BALLANTYNE CORPORATION**



Principal Place of Business  
**3115 S ATLANTIC AVE. #503  
 COCOA BCH. FL 32831**

Mailing Address  
**3115 S ATLANTIC AVE. #503  
 COCOA BCH. FL 32831-2137  
 US**

3. Date Incorporated or Qualified **01/23/1976**      3a. Date of Last Report **04/16/1996**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number <b>59-1646494</b>	Applied For Not Applicable
22	Subs. Agt. # (etc.)	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25	Country	30	Country			

**9. Name and Address of Current Registered Agent**

**BALLANTYNE, DOUGLAS  
 3115 S ATLANTIC AVE. #503  
 CAPE CANAVERAL, FL  
 COCOA BCH. FL 32831**

**10. Name and Address of New Registered Agent**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DT</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BALLANTYNE, DOUGLAS C</b>	1.2 NAME	
STREET ADDRESS	<b>3115 S ATLANTIC AVE #503</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCOA BCH. FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PSD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BALLANTYNE, BARBARA J.</b>	2.2 NAME	
STREET ADDRESS	<b>3115 S ATLANTIC AVE #503</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCOA BCH. FL</b>	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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), 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 42 or Block 43 if changed, or on an attachment with an address.

SIGNATURE: Douglas C. Ballantyne      3/13/97      (407) 783-1313  
 \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR      Date      Daytime Phone #

CR2E034 (9/96)