FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 AM 11:47

DOCUMENT # 522179 (1)

1. Corporate Name
BATRAX CORPORATION

Principal Place of Business	Mailing Address
7000 HOLATEE TRAIL FORT LAUDERDALE FL 33330	7000 HOLATEE TRAIL FORT LAUDERDALE FL 33330

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/06/1976
3a. Date of Last Report: 04/07/1994

2. Principal Place of Business
21 999 S.E. 155 ST.
22 Suite, Apt. #, etc.
23 City & State: SUMMERFIELD, FL
24 Zip: 34491 25 County: USA

2a. Mailing Address
26 999 S.E. 155 ST.
27 Suite, Apt. #, etc.
28 City & State: SUMMERFIELD, FL
29 Zip: 34491 30 County: USA

4. FEI Number: 59-1707645 ☐ 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

BEATRICE, WM. JR.
7000 HOLATEE TRAIL
FT LAUDERDALE FL 33330

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 999 S.E. 155 ST.
83
84 City: SUMMERFIELD, FL 85 Zip Code: 34491

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: Wm. Beatrice, Jr. WM. BEATRICE, JR. SEC'Y/TREAS. DATE: 2/1/95
(NOTE: Registered Agent signature required when name(s) is changed)

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BEATRICE, SUZANNE A
STREET ADDRESS	7000 HOLATEE TRAIL
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	ST
NAME	BEATRICE, JR., WILLIAM
STREET ADDRESS	7000 HOLATEE TRAIL
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	D
NAME	BEATRICE, JR., WILLIAM
STREET ADDRESS	7000 HOLATEE TRAIL
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☒ Change ☐ Addition	
12 NAME		
13 STREET ADDRESS	999 S.E. 155 ST.	
14 CITY-ST-ZIP	SUMMERFIELD, FL 34491	
21 TITLE	☒ Change ☐ Addition	
22 NAME		
23 STREET ADDRESS	999 S.E. 155 ST.	
24 CITY-ST-ZIP	SUMMERFIELD, FL 34491	
31 TITLE	☒ Change ☐ Addition	
32 NAME		
33 STREET ADDRESS	999 S.E. 155 ST.	
34 CITY-ST-ZIP	SUMMERFIELD, FL 34491	
41 TITLE	☐ Change ☐ Addition	
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	☐ Change ☐ Addition	
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	☐ Change ☐ Addition	
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing is valid, true and 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 above, or on an attachment with an address.

SIGNATURE: Wm. Beatrice, Jr. WM. BEATRICE, JR. SEC'Y/TREAS. 2/1/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — DATE

(904) 368-9797
Daytime Phone #

0230032 CP