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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # H92510

BATSEL, MCKINLEY. ITTERSAGEN, GUNDERSON & BERNTS SON. P.A.

Principal Place of Business Mailing Address									- radioni one idile indo i diali idili pili		a ki eteli ololi əbək i	
% C. GUY BAT 1881 PLACIDA ENGLEWOOD F	RD STE 204		184 EN	% C. GUY BATSEL 1861 PLACIDA RD STE 204 ENGLEWOOD FL 34223-4949								
US				U\$					3. Date Incorporated or Qualified 01/02/1986	ad or Qualified 3a. Date of Last Report 02/06/1996		
2. Principal F	Place of Busin	1055	-	2a. Mailing Address					4. FEt Number		Ap	plied For
Suite, Apt. #, etc.				Suite, Apt. #, etc.					59-2629363 Not Applicable			
22				27					Certificate of Status Desired Section Section			
City & State				City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution ☐ Added to Fees			
Zip	Country			Zip Coui			, Itilis corporati			on has liability for intangible tax under s. 199.032.		
24 25 Name and Address of Current				29 30 Begistered Agent				Florida Statutes Yes No 10. Name and Address of New Registered Agent				
Name and Address of Current Registered Agent BATSEL, C. GUY							Т	Name				
1861 PLACIDA ROAD							1					
STE 204							2	Street Addre	ss (P.O. Box Number is Not Acceptate	ole)		
ENGLEWOOD FL 34223						63	1					
						84	╀	City			85 Zip C	Code
44 Dustriant	to the man in	COT O	r 00 1 0				ı	•		F	- L	
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												
Signature, typed or printed name of registered agent and little if applicable (NOTE: Regis								I signature required		DATE	•	2001
TITLE	DPT	OFFICENSE	ONLY LAINE		DELETE	13.	_		ADDITIONS/CHANGES TO OFFIC	ERSA	Change	S IN 12 Addition
NAME	BATSEL, C. GUY			1.2 N							onengo	
STREET ADDRESS 1861 PLACIDA RD STE 204								DORESS				
CITY-ST-ZIP				1.4 C								
TITLE	DVP				DELETE	2.1 TITLE					☐ Change	Addition
NAME		, MICHAEL R.				2.2 NAME						
STREET ADDRESS	10107						T AI	DDRESS				
CITY-ST-ZIP	PT CHARL	UTIE FL		DELETE 311			S1-	- ŽIP				F-7 4 3 800
TITLE NAME	1	EN SCOTT D			JECETE	3 1 TITLE					Change	Addition
STREET ADDRESS	4444 04 4 040 4 000 400 4					3.2 NAME 3.3 STREET ADDRESS						
CITY-ST-ZIP	ENGLEWO					3.4. CITY -						
TITLE	S				DELETE	4.1 TITLE	۱۰	411			☐ Change	Addition
NAME	GUNDERS	ON, MIKO P.				4. 2 NAME						
STREET ADDRESS		CIDA RD #204				4.3 STREET	T AE	DDRESS				
CITY-ST-ZIP	ELGEWOO	D FL				4.4 CITY - S	ST-	ZiP				1
TITLE					DELETE	5.1 TITLE					☐ Change	Addition
NAME						5.2 NAME		.				
STREET ADDRESS						5.3 STREET						
CHY-ST-ZIP TITLE					DELETE	5.4 CHY-5	ST -	ZIP			[T] Observe	- 1.4.4.ec
NAME				ا ليــا	ALEIE	6.1 TITLE					Change	Addition
STREET ADDRESS						62 NAME		DODI CC				
OTHER I AUGMESS						63 STREET	AC	DD4F22				

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 export or suppliergental 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 comparation of

7/18 /97 (0/1) /2/-2212

FILED

Jul 25 1997 8:00am

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Secretary of State