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
95 MAY 22 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K65456** **(1)**

1. Corporate Name
BATES PROPERTY MANAGEMENT, INC.

Principal Place of Business
1571 N.W. 89TH AVENUE
PEMBROKE PINES FL 33024

Mailing Address
1571 N.W. 89TH AVENUE
PEMBROKE PINES FL 33024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/14/1989**
3a. Date of Last Report: **06/03/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
24 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
29 30

4. FEI Number: **26-7510021** 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. The corporation is eligible for a reduction under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BATES, DAVID
1571 N.W. 89TH AVENUE
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0501 and 607.1508, Florida Statutes, the above named corporation submits the 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 607.0501, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

0
NAME: BATES, DAVID
STREET ADDRESS: 1571 N.W. 89TH AVE.
CITY, ST, ZIP: PEMBROKE PINES FL

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 19__

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

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3. NAME
4. STREET ADDRESS
5. CITY, ST, ZIP

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6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP

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7. NAME
8. STREET ADDRESS
9. CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing, and upon any amendment or supplemental annual report, if any, to be made hereunder, shall be true and correct in all material respects. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute the 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 exception.

SIGNATURE: 5/10/95 431-4097D
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone

0007487 CP