

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M25917 (9)

1. Corporation Name

BATES REALTY, INC.



Principal Place of Business

Mailing Address

C/O THOMAS P. BELL
1740 N.W. 122ND TERRACE
PEMBROKE PINES FL 33026

C/O THOMAS P. BELL
1740 N.W. 122ND TERRACE
PEMBROKE PINES FL 33026

3. Date Incorporated or Qualified
01/16/1986

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 2715 N.W. 54 ST

26 2715 N.W. 54 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 MIAMI FL

28 MIAMI FL

24 33142

25 DADE

29 33142

30 DADE

4. FEI Number

59-2636538

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

BELL, THOMAS P.
1740 N.W. 122ND TERRACE
PEMBROKE PINES FL 33026

10. Name and Address of New Registered Agent

81 Name WILLIE BATES, JR.

82 Street Address (P.O. Box Number is Not Acceptable)
2715 N.W. 54 ST.

83

84 City MIAMI

FL

85 Zip Code 33142

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

WILLIE BATES, JR.

7-19-96

Signature typed or printed name of registered agent and title if applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BATES, WILLIE, JR.
STREET ADDRESS 2715 NW 54TH ST
CITY - ST - ZIP MIAMI FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, or both, as a change of name or an addition with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIE BATES, JR. 7/18/96 305-635-7676

Daytime Phone #

CR2E034 (3/96)