**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # M25917 1. Corporation Name

BATES REALTY, INC.

## May 06, 1999 8:00 am Secretary of State

05-06-1999 90037 044 \*\*\*150.00



Principal Place	e of Business	Mailing Address				t the back of the remains and the remains the second and the second			
2715 NW 54 ST MIAMI FL 33142		2715 NW 54 STREET MIAMI FL 33142				DO NOT WRITE IN THIS SP	PACE		
US US						3. Date Incorporated or Qualifed			
						01/16/1986		ļ	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	A	pplied For	
26						59-2636538	_ No	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			_		Additional	
27						5. Certifcate of Status Desired	Fee Re	equired	
City & State	9	City & State				6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip	ip Country			8. This corporation owes the current year Intangible			
24	25 . 29			Personal Property Tax.				□No	
	9. Name and Address of Cur	rent Registered Agent		:г		10. Name and Address of New Registered Ag	jent		
- 4 -				81	Name			ĺ	
BATES, WILLIE			ł	82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
	NW 54 STREET								
MIAN	/II FL 33142			83				ł	
			}	84	City		<b>85</b> Zip	Code	
					•	FL ;			
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida Statute	s, the at	ove	-named corpo	pration submits this statement for the purpose of ch	anging its	s registered	
office or re	egistered agent, or both, in the Sta m familiar with, and accept the obl	ate of Florida. Such change was au ligations of, Section 607.0505, Flori	itnorized ida Statu	by ≀ ites.	ine corporatio	n's board of directors. I hereby accept the appointr	lietir aş ie	sgistered	
	· · · · · ·	,						į	
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOTE:	Registered	Agent	t signature required				
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND	_		
πLE	PD	☐ DELETE	1.1 π	LE		L	Change	☐ Addition [	
NAME	BATES, WILLIE., JR.		1.2 NAME						
STREET ADDRESS	2715 NW 54TH ST		1.3 ST	REET	ADDRESS			\	
CITY-ST-ZîP	MIAM! FL		1.4 CF	Y-ST	r- ZIP		====		
TITLE		☐ DELETE	2.1 TITLE			l	Change	Addition	
NAME:			2.2 NA	ME					
STREET ADDRESS			2.3 ST	REET	ADDRESS				
C/TY-ST-ZIP			2. 4 CI	TY-S1	T-ZIP				
TITLE		☐ DELETE	3.1 TIT	Œ		[	Change	Addition	
NAME			32 NA	ME					
STREET ADDRESS			3.3 ST	REET	ADDRESS				
CITY-ST-ZIP	!		3.4. CI	TY- <u>5</u>	T-ZIP				
TITLE		☐ DELETE	4.1 111	LE		I	Change	Addition	
NAME	•		4. 2 N	AME					
STREET ADORESS			4.3 ST	REET	ADDRESS				
CITY-ST-ZIP			4.4 CI	Y- 5T	r-zip				
TITLE		☐ DELETE	5.1 TIT	ILE		1	Change	☐ Addition }	
NAME			5.2 NA	MÉ					
STREET ADDRESS			5.3 ST	REET	ADDRESS				
CITY-ST-ZIP			5.4 CI	TY-ST	r-ZIP				
TITLE		☐ DELETE	6.1 TIT	1E	1		Change	Addition	
NAME			6.2 NA	ME					
CTDEET ADODESS			6.3 ST	REET	ADDRESS				

14. I 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP