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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

M86916 L BATHERSE INC.

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27

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Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Žip

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

3815 DARSTON STREET

Country

25

	. — , .		
PALM	HARBOR,	FLORIDA	34685-3119

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

4. FEI Number Applied For Not Applied For Not Applicable

\$8.75 Additional

FILED

Jun 10, 1999 8:00 am

Secretary of State

06-10-1999 90047 012 ***158.75

5. Certificate of Status Desired

6. Election Campaign Financing S5.00 May Be
Trust Fund Contribution Added to Fees

tangible ∐Yes **⊠**No

85 Zip Code

Fee Required

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

11. Name and Address of New Registered Agent

12. Name and Address of New Registered Agent

13. Name

14. Name and Address of New Registered Agent

15. Name and Address of New Registered Agent

16. Name and Address of New Registered Agent

17. FITZ GERALD

18. Name

18.

1. 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.

84 City

Country

30

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE ☐ Addition 1.1 TITLE Director TITLE DIRECTOR DOUBLD E. CLAYTON NAME D. C. MESSER 1.2 NAME 110 LAKESIDE CELONY DAVIE 1.3 STREET ADDRESS STREET ADDRESS BLSI BASSWOOD ROAD, UNIT 201 TARFON STRINGS FL34689 EDEN PRAIRIE, MN 55344 1.4 C/TY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE ☐ Change 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE ☐ Change 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 41 TITLE TITLE 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City-ST-ZIP DELETE ☐ Change Addition 5.1 T/TLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change □ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

J. FitzGERALD SIGNATURE AND PRESON OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5" June 1999 (727) 786-260

CR2E034 (11/98)

CRZE