

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P92000002438 (9)

1. Corporation Name

BATZ ENTERPRIZES, INC.

FILED

1995 JUL 13 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

~~1804 EAST BROWARD BLVD.~~
FT LAUDERDALE FL 33301-3748

Mailing Address

514 VICTORIA PARK RD. N.
~~1804 EAST BROWARD BLVD.~~
FT LAUDERDALE FL 33301-3748

514 VICTORIA PARK RD, N.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/05/1992

3a. Date of Last Report
04/26/1994

4. FEI Number
65-0378186

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BATZ, R. LOUIS DR.
514 VICTORIA PARK ROAD NORTH
FT. LAUDERDALE FL 33301-3748

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 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

Robert Louis Batz - DR. ROBERT LOUIS BATZ July 20 '95

Signature of registered agent and title if applicable.

(NOTE: Registered agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	BATZ, ROBERT L DR
STREET ADDRESS	514 VICTORIA PARK RD N
CITY - ST - ZIP	FT LAUDERDALE FL 33301
TITLE	V
NAME	CHAFFIN, JOHN E
STREET ADDRESS	514 VICTORIA PARK RD NORTH
CITY - ST - ZIP	FT. LAUDERDALE FL 33301
TITLE	T
NAME	CHAFFIN, JOHN E
STREET ADDRESS	514 VICTORIA PARK RD N
CITY - ST - ZIP	FT LAUDERDALE FL 33301
TITLE	SECRETARY
NAME	BATZ, Robert L.
STREET ADDRESS	514 VICTORIA PK RD. N.
CITY - ST - ZIP	FT. Lauderdale FL 33301
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(3)(b), 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 unchanged, or on an attachment with an address.

SIGNATURE:

Robert Louis Batz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 20 1995

Daytime Phone #