

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000053558 (1)

1. Corporation Name
THE BATY GROUP, INC.



Principal Place of Business: 455 DOUGLAS AVE, STE. 1655-2, ALTAMONTE SPRINGS FL 32714 US
Mailing Address: P.O. BOX 162282, ALTAMONTE SPRINGS FL 32716-2282 US

3. Date Incorporated or Qualified: 07/26/1993
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business: 21 455 DOUGLAS AVENUE, 22 SUITE 1155, 23 ALTAMONTE SPRINGS, FL, 24 32714, 25 USA
2a. Mailing Address: 26 P.O. BOX 162282, 27 ALTAMONTE SPRINGS, FL 32716-2282, 28 US, 29

4. FEI Number: 59-3192687
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: BATY, RALPH D SR, 410 ENESHAM PLACE, LONGWOOD FL 32779

10. Name and Address of New Registered Agent: 81 Name: BATY, RALPH D, SR., 82 Street Address: 1942 PALM VIEW DRIVE, 83, 84 City: APOPKA, FL, 85 Zip Code: 32712

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 607.05, Florida Statutes.

SIGNATURE: *Ralph D. Batty, Sr.* RALPH D. BATY, SR. DATE: 04/15/96

12. OFFICERS AND DIRECTORS

TITLE	PDC	<input type="checkbox"/> DELETE
NAME	BATY, RALPH DSR	
STREET ADDRESS	410 EVESHAM PLACE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BATY, SARAH E.	
STREET ADDRESS	5410 EVESHAM PLACE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PDC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BATY, RALPH D, SR.	
1.3 STREET ADDRESS	1942 PALM VIEW DRIVE	
1.4 CITY-ST-ZIP	APOPKA, FL 32712	
2.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BATY, SARAH E.	
2.3 STREET ADDRESS	1942 PALM VIEW DRIVE	
2.4 CITY-ST-ZIP	APOPKA, FL 32712	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ralph D. Batty, Sr.* RALPH D. BATY, SR. DATE: 04/15/96 DAYTIME PHONE #: 407-865-7131

CR2E034 (12/95)