

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

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**Mar 02 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P93000053558 (1)
1. Corporation Name
THE BATY GROUP, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 405 DOUGLAS AVENUE SUITE 1805 ALTAMONTE SPRINGS FL 32714 US		Mailing Address P.O. BOX 162282 ALTAMONTE SPRINGS FL 32716-2282 US	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/26/1993	4. FEI Number 59-3192687
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	Applied For Not Applicable
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees
23 Zip Country	28 Zip Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent
**BATY, RALPH D. S
1942 PALM VIEW DRIVE
APOPKA FL 32712**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
	543-105 Via Fontana Drive		Altamonte Springs FL	32714

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 *Ralph D. Batty, Jr.* DATE **2/25/98**

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
POC	BATY, RALPH D. S	1942 PALM VIEW DRIVE	APOPKA FL	
ST	BATY, SARAH E.	1942 PALM VIEW DRIVE	APOPKA FL	
VPM	RALPH DEAN BATY, JR.	1942 PALM VIEW DRIVE	APOPKA FL	
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		543-105 Via Fontana DR.	Altamonte Springs, FL 32714	
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		543-105 Via Fontana DR.	Altamonte Springs, FL 32714	
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		880 Wesley Circle, #200	APOPKA, FL 32703	
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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; that 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, Jr.* DATE: **2/25/98** TELEPHONE: **407-965-7131**

CR2E034 (10/97)