**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P93000054675**1. Corporation Name

BATTERSEA CORPORATE SERVICES, INC.

						_			1 1 <b>3 13</b> 1 1 1 1 1 1 1 1 1	
Principal Place of Business Mailing Address										
3773 MATHESON AVENUE 3773 MATHESON AVENUE										
COCONUT GROVE FL 33133 COCONUT GROVE FL 33133						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed		_		
						07/29/1993				
Principal Place of Business     2a. Mailing Address						4. FEI Number			pplied For	
21 26						65-0430647	65-0430647 Not App			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$		Additional	
22		27				5. Certificate of Charles Desired		Fee R	equired	
City & State City & State				1 **		6. Election campaign Financing			May Be	
23		28				Trust Fund Contribution			to Fees	
Zip				8. This corporation owes the current year			rkangil	ole 🐣		
24				Personal Property Tax. Yes No						
	9. Name and Address of Currer	nt Registered Agent	81	T No.		10. Name and Address of New Registere	a Age	10		
RED	EV DAVID D		87	Na	ame					
BERLEY, DAVID R 3773 MATHESON AVENUE					82 Street Address (P.O. Box Number is Not Acceptable)					
	CONUT GROVE FL 33133			<u> </u>					<del></del>	
000	CHOT GROVE I'E 33133		83	1						
			84	Cit	ty		8	5 Zip	Code	
						F	· 1			
office or r	registered agent, or both, in the State.	of Florida. Such change was autho	rized by	the d	med corpo corporatior	ration submits this statement for the purpose i's board of directors. I hereby accept the ap	or cnar ointme	nging it: int as r	s registered egistered	
agent. I a	am familiar with, and accept the obliga	ations of, Section 607.0505, Florida	Statutes	<b>3</b> .		, , ,				
SIGNATURE										
	Signature, typed or printed name of registered age			nt signa	ature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	ND D	IRECT	OPS IN 12	
12.	OFFICERS AND DIRECTORS 13.  PSTD DELETE 1.1 TI		1.1 TITLE			ADDITIONS/CHANGES TO OFFICERS		Change		
TITLE			1.2 NAME					·		
NAME					DECC					
STREET ADDRESS	••••		1.3 STREET ADDRESS		4E55					
CITY-ST-ZIP	COCONUT GROVE FL 33133	☐ DELETE	14 CITY-S 2.1 TITLE	iT-ZIP	-+-			Change	Addition	
TITLE	AS POSANO.	- Secence						J		
NAME	RUSADO, AIDA		2.2 NAME			·			i	
STREET ADDRESS	, ,		2.3 STREE					7	v=	
CITY-ST-ZIP	MIAMI FL 33131	☐ DELETE	2.4 CITY-S 3.1 TITLE	ST-ZIP	<del></del>		П	Change	☐ Addition	
TITLE	}	☐ DELETE	32 NAME		ł					
NAME				T 100/	0000					
STREET ADDRESS	1		3.3 STREE							
CITY-ST-ZIP		□ DELETE	3.4. CITY-S 4.1 TITLE	I. CITY-ST-ZIP				Change	Addition	
TITLE		☐ SELETE			i			Onanga		
NAME	j		4. 2 NAME							
STREET ADDRESS			4.3 STREE		RESS				1	
CITY-ST-ZIP			4 4 CITY-S		- + -			Change	☐ Addition	
TITLE	•	☐ DELETE	5.1 TITLE				L	Change		
NAME			5.2 NAME							
STREET ADDRESS	<i>i</i>		5.3 STREE	T ADDI	RESS					
CITY-ST-ZIP	1				l l					
		□ DELETE	5.4 CITY-S 6.1 TITLE	ST-ZIP				Change	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 or the receiver of the 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 all address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90076 013 \*\*\*150.00