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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P94000030679 (2) **DOCUMENT #**

1. Corporation Name BATES ENGINEERING & SALES, INC.

Principal Place of Business 13756 ISHNALA CIR WEST PALM BEACH FL 33414	13756 ISHNALA CIRCLE WEST PALM BEAHC FL 33414
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3. Date Incorporated or Qualified 3a. Date of Last Report

								04/22/1994	05/01/1995		
			O- Malina	Addrocs				4. FEI Number			Applied For
. Principal Plac								65-0478439			Not Applicable
<u> </u>			26 Suite A	Suite, Apt. #, etc.			5. Certificate of Status Desired	רח.	— —	5 Additional	
Suite, Apt. #,	etc.		27	got. My Clo.				5. Certilicate of Starts Desired		Fee	Required
<u>L</u> _				City & State				6. Election Campaign Financing		\$5.0	00 May Be
City & State			— ·	28			Trust Fund Contribution			ed to Fees	
			Zip		Coun	ntry		8. This corporation has liability for	intangib	le tax under	s 199.032,
- Z _i ρ]	-	Country -1	29		30			Florida Statutes			
L	o Name e	nd Address of Curr		gent	T			10. Name and Address of New I	tegiste	red Agent	
	y. Hamo o	10710010				81	Name				
DATES	ANTO A				+	82	Street Addr	ess (P.O. Box Number is Not Acceptate	nie)		
BATES, JAMES A 13756 ISHNALA CIRCLE WEST PALM BEACH FL 33414					Ì						
					Ţ	83					
WEST PA	ITM REVOL	1 FL 33414				_				85	Zip Code
						84	City			FI. ``	•
4. Director to	the provision	e of Sections 607.05	502 and 607.1508.	Florida Statute	es, the abo	ve-r	amed corpo	ration submits this statement for the pu	rpose C Sointme	r changing it nt as register	s registered on ed agent. I am
or registere	d agent, or b	oth, in the State of Fl	orida. Such change	e was authoriza	ed by the c	corpo	oration's boa	ration submits this statement for the pure of directors. Thereby accept the app	,		
familiar with	n, and accept	oth, in the State of Fi the obligations of, Se	ection 607.0505, F	ionoa Statutes	5 .						
SIGNATURE _		printed name of registered as	and and title if annucable	iNC	OTE Hags gred	Age.n	it signature require	is who i renalizing	. D/		
	Signature, typed or	OFFICERS	AND DIRECTORS	·	13.			ADDITIONS/CHANGES TO OF	FICERS	AND DIREC	TORS IN 12
2.	D	OTTIOE ROY		DELETE	1. 1 T	iTLE				Chang	ge 🔲 Additio
IILE	_	JAMES A			1.2 N	AME					
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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. Further, I do hereby 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 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 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 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 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 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 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 certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated in the information indicated annual report is true

SIGNATURE: AME OF SIGNING OFFICER OR DIRECTOR