

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
 CORPORATION
 ANNUAL REPORT
1996



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

DOCUMENT # P95000095640 (5)

1. Corporation Name

BATCHELDER ENTERPRISES, IN GOD WE TRUST, INC.



Principal Place of Business

Mailing Address

3001 WEST ROLLING HILL CIRCLE STE 303
 DAVIE FL 33328

3001 WEST ROLLING HILL CIRCLE STE 303
 DAVIE FL 33328

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26

Suite, Apt #, etc.

22 City & State

27

City & State

23 Zip

28

Zip

24 Country

29

Country

30

9. Name and Address of Current Registered Agent

**BATCHELDER, BRUCE
 3001 WEST ROLLING HILL CIRCLE STE 303
 DAVIE FL 33328**

3. Date Incorporated or Qualified

12/15/1995

3a. Date of Last Report

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

10. Name and Address of New Registered Agent

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when revising a filing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

<input type="checkbox"/> TITLE	<input type="checkbox"/> NAME	<input type="checkbox"/> STREET ADDRESS	<input type="checkbox"/> CITY-ST-ZIP	<input type="checkbox"/> 1.1 TITLE	<input type="checkbox"/> 1.2 NAME	<input type="checkbox"/> 1.3 STREET ADDRESS	<input type="checkbox"/> 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PTD BATCHELDER, BRUCE 3001 WEST ROLLING HILL CIRCLE STE 303 DAVIE FL 33328				<input type="checkbox"/> 2.1 TITLE	<input type="checkbox"/> 2.2 NAME	<input type="checkbox"/> 2.3 STREET ADDRESS	<input type="checkbox"/> 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VSD KAUFHOLD, SUSAN B 3001 WEST ROLLING HILL CIRCLE STE 303 DAVIE FL 33328				<input type="checkbox"/> 3.1 TITLE	<input type="checkbox"/> 3.2 NAME	<input type="checkbox"/> 3.3 STREET ADDRESS	<input type="checkbox"/> 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> 4.1 TITLE	<input type="checkbox"/> 4.2 NAME	<input type="checkbox"/> 4.3 STREET ADDRESS	<input type="checkbox"/> 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> 5.1 TITLE	<input type="checkbox"/> 5.2 NAME	<input type="checkbox"/> 5.3 STREET ADDRESS	<input type="checkbox"/> 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> 6.1 TITLE	<input type="checkbox"/> 6.2 NAME	<input type="checkbox"/> 6.3 STREET ADDRESS	<input type="checkbox"/> 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment without address.

SIGNATURE:

Sandra A. Batchelder

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/96

316-9000

Examiner Phone #

CR2E034 (3/96)