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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P96000018520

1. Corporation Name

BAT INC.

Principal Place of Business Mailing Address						# 10011000 1/6 18910 01911 00911 40111 0101 11001 11001 11101 11101 11101 11101 1	
1393 PASADENA	A AVE S.	3438 E.	3438 E. LAKE RD.				
S. PASADENA F	FL 33707	619					DO NOT WRITE IN THIS SPACE
US		PALM HARBOR FL 34685 US					3. Date Incorporated or Qualifed
		03					02/28/1996
2. Principal Pl	ace of Business	2a. Mailing Address					4. FEI Number Applied For
21		26	26				<b>59-3375453</b> Not Applicable
Suite, Apt.	#, etc.	~ <del></del> -	Suite, Apt. #, etc.				5. Certificate of Status Desired  \$8.75 Additional
22		27					5. Certificate of Status Desired Fee Required
City & State	9	City	City & State				6. Election Campaign Financing \$5.00 May Be
23		28					Trust Fund Contribution Added to Fees
Zip	Country	Zip	1		untry		8. This corporation owes the current year Intangible  Personal Property Tax.   Yes No
24	25	29		30		-	Personal Property Tax. LJ Yes LJNo  10. Name and Address of New Registered Agent
	9. Name and Address of Currer	n Kegisterea	Agent		81	Name	
SONNETT, BARBARA					L		
	PASADENA AVE S					Street A	Address (P.O. Box Number is Not Acceptable)
S. P/	ASADENA FL 33707				83		
					84	City	85 Zip Code
							<b>┡</b> ┗││
office or re agent. I as SIGNATURE	egistered agent, or both, in the State of familiar with, and accept the obligations. Signature, typed or printed name of registered age	of Florida. Su itions of, Sect	ich change was ai ion 607.0505, Floi	uthorize rida Sta	tutes	the corpor	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered required when reinstating)
12.	OFFICERS AN			13	<del></del>	n digitality /C	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P		☐ DELETE	_	TITLE		☐ Change ☐ Addition
NAME	SONNETT, BARBARA			1.21	NAME		
STREET ADDRESS	1393 PASADENA AVE S.			1.3 9	STREET	TADDRESS	
CITY-ST-ZIP	S. PASADENA FL			1.4 (	CITY-S	T-ZIP	
TITLE			☐ DELETE	2.1	ITTLE		☐ Change ☐ Addition
NAME	•			2.21	VAME	1	
STREET ADDRESS				2.3 \$	STREET	TADORESS	
CITY-ST-ZIP				2.4	CITY-S	T-ZiP	
TITLE	İ		☐ DELETE		TITLE	}	Change Addition
NAME	,				VAME	l	
STREET ADDRESS						TADORESS	
CiTY-ST-ZiP			☐ DELETE	_	CITY-S	ST-ZIP	· Change Addition
TITLE			□ offere		ntle Name		Grangs - Transcr
NAME						T ADODECE	·
STREET ADORESS						T ADDRESS	
CITY-ST-ZIP TITLE			☐ DELETE		CITY-S	t-21"	☐ Change ☐ Addition
NAME			<b>_</b> <del>-</del>		NAME		
STREET ADDRESS	,					T ADDRESS	
CITY-ST-ZIP					CITY-S		
TITLE			☐ DELETE	6.1	TITLE		☐ Change ☐ Addition
NAME				6.2	NAME		

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 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, with all other like empowered.

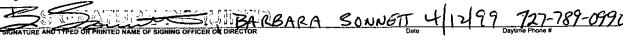
6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP



Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90046 045 \*\*\*150.00