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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9600065621 (0)

DEBBIE BATMAN REALTY, INC.

Principal Place of Business Mailing Address										
200 E WASHING CLERMONT FL	STON STREET	200 E WA	200 E WASHINGTON STREET CLERMONT FL 34711-8276							
								3. Date Incorporated or Qualified 3a. Date of Last Report 06/05/1996		
<b>└</b>	ace of Business	<b>├</b> ~~¬	g Address					4. FEI Number Applied For		
Suite, Apt	#. etc	26 Suite.	Apt. #, etc.					59-3391018 Not Applica 88.75 Additional		
22		27	<b>├</b> ¬					5. Certificate of Status Desired Fee Required		
City & State		<b>⊢</b> ⊸ ′	City & State					6. Election Campaign Financing \$5.00 May Be		
Zip Country								Trust Fund Contribution Added to Fees		
24	25	29	¬					8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes Yes No	۱ ۱	
	9. Name and Address of Currer		Agent					10. Name and Address of New Registered Agent		
BATI	MAN, DEBBIE				61	Na	ame			
	E WASHINGTON STREET			82 Street A			reet Addre	ress (P.O. Box Number is Not Acceptable)		
. ULEI	RMONT FL 34711				83	<u> </u>				
					1		·	la-La-Car		
*					84	Ci	лу	FL 85 Zip Code	ĺ	
11. Pursuant	to the provisions of Sections 607.050	02 and 607.150	8, Florida Statu	ites, the	above	e-na	med corp	poration submits this statement for the purpose of changing its register tion's board of directors. I hereby accept the appointment as registere	ed	
agent La	m familiar with, and accept the oblig	ations of, Section	on 607.0505, P	lorida St	atutes	S.	corporati	tions board or directors. Thereby accept the appointment as registerer	<b>.</b>	
SIGNATURE				ac n				red when reinslating) DATE	_	
12.	Signature, typed or printed name of registered ag OFFICERS AN	INT and their applica		TE Registe		ent Big	mature require	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D		DELETE	_	TITLE	-	$\top$	Change Addi	lion	
NAME	Batman, Debbie			1.2	NAME		ĺ	i i		
STREET ADDRESS	200 E WASHINGTON STREET			1.3	STREET	ADDF	ress			
CITY-ST-7/P	CLERMONT FL 34711		T belese	_	City-5	T- ZIP	<u>}</u>			
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NAME				6.2	NAME					
STREET ADDRESS				6.3	STREET	T ADDI	RESS			

6.4 CITY - ST - ZIP

**SIGNATURE:** 

14. It do 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 or anged, or on an attachment with an address.

**FILED** 

Feb 07 1997 8:00am

Secretary of State