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 # P98000101675

1. Corporation	FICES OF WILLIAM H. BAT.	ALLAS, P.A.		•				
Principal Place	e of Business	Mailing Address				00.161 {#846 91111 9 1	(B) B()) (BB)	
3990 Sheridan Street		3990 SHERIDAN STREET		·				
SUITE 104		SUITE 104		DO NOT WRITE IN THIS SPACE				
HOLLWOOD FL 33021		HOLLWOOD FL 33021		3. Date Incorporated or Qualifed			1	
					12/07/1998			
2. Principal P	lace of Business	2a. Mailing Address			4 EELNumber	App	lied For	l
21		26			65-0881285	Not	Applicable	İ
Suite, Apt.	#, etc.	Suite, Apt. #, etc			5. Certificate of Status Desired	\$8.75 A	dditional	Ì
22		27			5. Certificate of Status Desired	Fee Rec	uired	=
City & Stat	le	City & State			6. Election Campaign Financing	\$5.00	•	
23		28	0		Trust Fund Contribution	Added to	Fees	Ì
Zip	Country	Zip	Count	ry	8. This corporation owes the current year I		□No	
24	9. Name and Address of Curre	29	30		Personal Property Tax. 10. Name and Address of New Registere			l
	5. Halle alle Address of Curre	in registered Agen	8	Name		Y		
BATA	LLAS, WILLIAM H		_	0 0 0	(D.O. Day Musches in Not Assentable)			ł
3990 SHERIDAN STREET				Street Addr	ess (P.O. Box Number is Not Acceptable)			
SUITE 104			8	13				
HOLL	WOOD FL 33021		-	34 City		. 85 Zip C	inde	1
			[F	L		
office or r	egistered agent, or both, in the Stat im familiar with, and accept the oblig	e of Florida. Such change v pations of, Section 607.0505	vas authorizad t	by the corporations.	oration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as reg	istered	
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: OFFICERS AND DIRECTORS		13.	30	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	
	PD DELETE		TE 1.1 T(TLE	E		Change	☐ Addition] :
NAME		—						١.
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	BATALLAS, WILLIAM H ESQ. 6589 VIA REGINA WAY			E EET ADORESS				
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4. 7.99

254 987-3880

Daytime F

FILED Apr 14, 1999 8:00 am Secretary of State

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