

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

10/1/99

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 JUL -9 AM 10:11

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P98000107904 ✓
 1. Corporation Name
 WILLIAM P. BATTAGLIA, P.A.



Principal Place of Business: 100 LINCOLN AVE. WINTER PARK FL 32789
 Mailing Address: P.O. BOX 3010 WINTER PARK FL 32780-3010

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/29/1998	
21		26		4. FEI Number 59-3548289	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent BATTAGLIA, WILLIAM P 100 LINCOLN AVE. WINTER PARK FL 32789				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number Is Not Acceptable)	
				83.	
				84. City	85. Zip Code FL

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE P/SIT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BATTAGLIA, WILLIAM P		1.2 NAME	
STREET ADDRESS P.O. BOX 3010 N/A		1.3 STREET ADDRESS	
CITY-ST-ZIP WINTER PARK FL 32780-3010		1.4 CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2.2 NAME	
CITY-ST-ZIP		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		3.2 NAME	
CITY-ST-ZIP		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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 *****150.00 *****150.00

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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.

SIGNATURE: W.P. Battaglia Date: 6/30/99 Daytime Phone #: 407-622-1700

CR2E034 (5/99)

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LAW OFFICES OF
WILLIAM P. BATTAGLIA, P.A.
100 LINCOLN AVENUE
WINTER PARK, FLORIDA 32789

WILLIAM P. BATTAGLIA
BOARD CERTIFIED TAX LAWYER

POST OFFICE BOX 3010
WINTER PARK, FLORIDA 32790-3010

TELEPHONE (407) 622-1700
FACSIMILE (407) 622-1717
E-MAIL bill@battagliagroup.com

June 30, 1999

Florida Department of State
Division of Corporations
Annual Reports Filings
Post Office Box 1500
Tallahassee, Florida 32302-1500

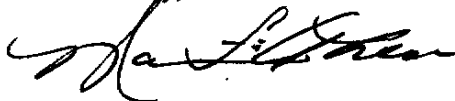
Re: *William P. Battaglia, P.A.*
Document # P98000107904

Dear Sir/Madam:

In today's mail we received a "2nd Notice" to file our 1999 Profit Corporation Annual Report. In fact, this is the first notice we have received since incorporating on December 29, 1999, and a "1st Notice was never received. Pursuant to my telephone conversation with Melissa of your office, under these circumstances you would consider accepting the initial filing fee of \$150 as opposed to the \$550 fee for late filing.

Accordingly, I am enclosing our firm check in the amount of \$150 together with the 1999 Profit Corporation Annual Report packet. If you have any questions or require anything further, please do not hesitate to contact either me or Mr. Battaglia's legal assistant, Barbara Shold. Thank you for your consideration.

Sincerely,



Marion Faye Akers
Bookkeeper

MFA/bjs
Enclosures