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95 APR 27 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # V08146 (5)
1. Corporation Name
BRITISH AMERICAN TRANSFER, INC.

Principal Place of Business: 1748 INDEPENDENCE BLVD. #G-2 SARASOTA FL 34234
Mailing Address: 1748 INDEPENDENCE BLVD #G-2 SARASOTA FL 34234 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/16/1992
3a. Date of Last Report: 04/15/1994
4. FEI Number: 23-2010359
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under s. 192.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 2263 Industrial Blvd. 22 Suite, Apt. #, etc.
2a. Mailing Address: 26 SAME 27 Suite, Apt. #, etc.
23 City & State: Sarasota, FL 28 City & State
24 Zip: 34234 25 Country: US 29 Zip 30 Country

9. Name and Address of Current Registered Agent
SABA, RICHARD D.
1390 MAIN ST
SUITE 824
SARASOTA FL 34236

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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: THOMPSON, PETER J. STREET ADDRESS: 1748 INDEPENDENCE BLVD. CITY, ST, ZIP: SARASOTA FL	1. TITLE: PD	1. NAME: THOMPSON, PETER J. 2. STREET ADDRESS: 2263 Industrial Blvd 3. CITY, ST, ZIP: Sarasota, FL 34234 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: STD	NAME: THOMPSON, SUE A. STREET ADDRESS: 1748 INDEPENDENCE BLVD. CITY, ST, ZIP: SARASOTA FL	2. TITLE: STD	2. NAME: THOMPSON, SUE 3. STREET ADDRESS: 2263 Industrial Blvd. 4. CITY, ST, ZIP: Sarasota, FL 34234 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	3. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	4. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	5. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	6. TITLE:	<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 190.02(9)(b), 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, unchanged, or on an attachment with an address.

SIGNATURE: *Sue A. Thompson* 4/21/95
SIGNING OFFICER OR DIRECTOR