

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L50548** (1)

1. Corporation Name
BATES & DALY CO.



Principal Place of Business: **%EDWIN BRAND, 5061 SW 36 ST, FT LAUDERDALE FL 33314 US**
Mailing Address: **5061 SW 36TH ST., FT. LAUDREDALE FL 33314**

3. Date Incorporated or Qualified: **02/16/1990**
3a. Date of Last Report: **02/02/1995**
4. FEI Number: **65-0192456**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

9. Name and Address of Current Registered Agent

**BRAND, EDWIN F
% BATES & DALY CO
5061 S.W. 36TH ST.
FT. LAUDERDALE FL 33314**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPCT	<input type="checkbox"/> DELETE
NAME	BRAND, EDWIN	
STREET ADDRESS	3896 TRACEWOOD LANE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	NELSON, ROBERT H., SR.	
STREET ADDRESS	7901 NW 174TH TER	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	KINIRY, RUSSELL W.	
STREET ADDRESS	5531 SW 58 CT	
CITY-ST-ZIP	DAVE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CHERVENAK, JOHN M	
STREET ADDRESS	8212 NW 91ST AVE	
CITY-ST-ZIP	TAMARAC FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	CLARK-RASSIAS, CECILY	
STREET ADDRESS	7700 CEDARWOOD CIR.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	RASSIAS, JOHN N.	
STREET ADDRESS	7700 CEDARWOOD CIR.	
CITY-ST-ZIP	BOCA RATON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D
1.3 STREET ADDRESS	Marcelle Brand
1.4 CITY-ST-ZIP	3896 Tracewood Lane
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Boynton Beach Fl.
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 119.07(3)(k), 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: *Edwin A. Brand*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

205-581-4200 1/26/96.
Date Daytime Phone #

CR2E034 (12/95)