

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N35851 (7)
1. Corporation Name
A BETTER PLACE, INC.



Principal Place of Business
**426 FORESTERIA DRIVE
LAKE PARK FL 33403**

Mailing Address
**426 FORESTERIA DRIVE
LAKE PARK FL 33403**

3. Date Incorporated or Qualified **12/21/1989** 3a. Date of Last Report **06/20/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.		NOT APPLICABLE	Not Applicable
23	City & State	27	City & State	5.	Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LESSER, GARY S 909 NORTH DIXIE HIGHWAY WEST PALM BEACH FL 33401		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURTON, WARREN	1.2 NAME	
STREET ADDRESS	426 FORESTERIA DR. LAKE PARK FL	1.3 STREET ADDRESS	400001731334
CITY-ST-ZIP		1.4 CITY-ST-ZIP	-03/04/96--01109--003
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGERS, SANJENA	2.2 NAME	
STREET ADDRESS	407 MICHIGAN PL W PALM BCH FL	2.3 STREET ADDRESS	***70.00
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MUNSTER, RICHARD VAN	3.2 NAME	T Teresua
STREET ADDRESS	28 E 11TH ST. RIVIERA BEACH FL	3.3 STREET ADDRESS	Teresa Wellington
CITY-ST-ZIP		3.4 CITY-ST-ZIP	426 Foresteria Drive Lake Park, FL 33403
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SKULSZKI, DEBI	4.2 NAME	S DONNA COLE
STREET ADDRESS	730 MILL VALLEY PL W PALM BCH FL	4.3 STREET ADDRESS	3269 FLORIDA BOULEVARD
CITY-ST-ZIP		4.4 CITY-ST-ZIP	PALM BEACH GARDENS FL 33410
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	S Sheila PHILLIP
STREET ADDRESS		5.3 STREET ADDRESS	815 HAWTHORNE DR
CITY-ST-ZIP		5.4 CITY-ST-ZIP	LAKE PARK FL 33403
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	T DAVID MAGRATH
STREET ADDRESS		6.3 STREET ADDRESS	3269 FLORIDA BOULEVARD
CITY-ST-ZIP		6.4 CITY-ST-ZIP	PALM BEACH GARDENS FL 33410

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Warren Burton **WARREN BURTON** 1-29-96 407-844-0023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
SC 3-4-96

CFR2E037 (12/95)