

FILE NOW: FILING FEE IS \$61.25

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Jan 27, 1999 8:00am
Secretary of State

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NONPROFIT CORPORATION
 ANNUAL REPORT
 1999



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

DOCUMENT # **N35851**

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/21/1989	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number NOT APPLICABLE	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	30	

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 _____ 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		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BURTON, WARREN			1.2 NAME			
STREET ADDRESS	426 FORESTERIA DR.			1.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE PARK FL			1.4 CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	TT	<input type="checkbox"/> DELETE		2.1 TITLE			
NAME	WELLINGTON, JENEVA			2.2 NAME			
STREET ADDRESS	426 FORESTERIA DR			2.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE PARK FL 33403			2.4 CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	ST	<input type="checkbox"/> DELETE		3.1 TITLE			
NAME	COLE, DONNA			3.2 NAME			
STREET ADDRESS	3269 FLORIDA BLVD			3.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410			3.4 CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	ST	<input type="checkbox"/> DELETE		4.1 TITLE			
NAME	PHILLIP, SHEILA			4.2 NAME			
STREET ADDRESS	815 HAWTHORNE DR			4.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE PARK FL 33403			4.4 CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 617, 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: Warren Burton **SIGNATURE REQUIRED** 1-9-99 1560 844-2663
Date Daytime Phone #

CR2E037 (1/98)