

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN - 2 11 AM '95

**DOCUMENT # P94000068490 (9)**

1. Corporation Name

**LAURA K. BETTEN, P.A.**

Principal Place of Business

**529 E NEW HAVEN AVENUE  
MELBOURNE FL 32901**

Mailing Address

**P.O. BOX 608  
MELBOURNE FL 32902-0608**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/16/1994**

3a. Date of Last Report

2. Principal Place of Business

21  
Suite, Apt #, etc

22  
City & State

24  
Zip

25  
Country

2a. Mailing Address

26  
Suite, Apt #, etc

27  
City & State

29  
Zip

30  
Country

4. FEI Number

**59-3270483**

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

9. Name and Address of Current Registered Agent

**BETTEN, LAURA K  
529 E NEW HAVEN AVENUE  
MELBOURNE FL 32901**

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 title if applicable

NOTE: Registered Agent signature required when resigning

DATE

12. OFFICERS AND DIRECTORS

TITLE: **D**  
NAME: **BETTEN, LAURA K**  
STREET ADDRESS: **506 MAJORCA COURT**  
CITY - ST - ZIP: **SATELLITE BEACH FL 32937**

TITLE:   
NAME:   
STREET ADDRESS:   
CITY - ST - ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY - ST - ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY - ST - ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY - ST - ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY - ST - ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

21 TITLE  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

31 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 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: *Laura K. Betten*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/8/95 407-728-1925**  
DATE DAYTIME PHONE