

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000039912 (7)

1. Corporation Name

BETTER LIFE BASICS INC.



Principal Place of Business: 630 NE SANTA FE BLVD. HIGH SPRINGS FL 32643-9414
 Mailing Address: 630 NE SANTA FE BLVD. HIGH SPRINGS FL 32643-9414

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	05/18/1995	
22	City & State	27	City & State	4. FEI Number	Applied For
23	Zip	28	Zip	593-24-8485	Not Applicable
24	Country	29	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		30		<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
FRAZIER, WILLIAM E 74 TURKEY CREEK ALACHUA FL 32615				81 Name	

Mail this postcard to people and businesses that send you mail

Please send mail to my new address beginning: 0 8 0 1 9 6
 Month Day Year

11. Pursuant to the provisions of Sections 607.0502 and 607.1 office or registered agent, or both, in the State of Florida. I agent. I am familiar with, and accept the obligations of, Se

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

12. OFFICERS AND DIRECTORS

TITLE	President
NAME	William E. Frazier
STREET ADDRESS	Rt 17 Box 558
CITY-ST-ZIP	Lake City, FL 32024
TITLE	Vice President
NAME	Sylvia G. Frazier
STREET ADDRESS	Rt. 17 Box 558
CITY-ST-ZIP	Lake City, FL 32024
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

My Name (Last Name, First Name, Middle Initial)
 Better Life Basics Inc
 OLD Complete Street Address, PO Box, or Rural Route and RR Box No.
 630 NE Santa Fe Blvd.
 City or Post Office High Springs State FL ZIP Code or ZIP+4 32643-9414
 NEW Complete Street Address, PO Box, or Rural Route No. and Box No.
 2609 S. First Street
 City or Post Office Lake City State FL ZIP Code or ZIP+4 32024-5
 Account Number (If Applicable)
 New Telephone No. (Optional) (904) 719-6700
 Signature: Candy Smith
 Today's Date: 0 7 2 4 9 6
 Month Day Year

PS Form 3576, February 1995 Recipient: Be sure to record the above new address.

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP	6.1 TITLE	6.2 NAME
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	

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 ***225.00

7029-86
 Change 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 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 in an attachment with an address

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 7/3/96 904-454-5433