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Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000060139 (8)

1. Corporation Name
BETMAUR, INC.



Principal Place of Business: C/O J. MATTHEW MARQUARDT, ESQUIRE, 400 CLEVELAND STREET, 9TH FLOOR, CLEARWATER FL 34615
Mailing Address: C/O J. MATTHEW MARQUARDT, ESQUIRE, 400 CLEVELAND STREET, 9TH FLOOR, CLEARWATER FL 34615-4009

3. Date Incorporated or Qualified: 07/17/1996
3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	59-3369546	Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24. Country	29. Country	30. 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
MARQUARDT, J. MATTHEW ESQUIRE MACFARLANE AUSLEY FERGUSON & MCMULLEN 400 CLEVELAND STREET 9TH FLOOR CLEARWATER FL 34615	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 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D SCICOLONE, ELIZABETH A	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2831 HAVERHILL DRIVE	1.2 NAME	
STREET ADDRESS	CLEARWATER FL 34621	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	D GOLDEN, MAUREEN K	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	372 NALLEY DRIVE	2.2 NAME	
STREET ADDRESS	STONE MOUNTAIN GA 33067	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Elizabeth A Scicolone* 2/28/97 813-797-4764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

CR2E034 (9/96)