SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999

4 A BETTER LIFE, INC.

SIGNATURE



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Aug 30, 1999 8:00 am Secretary of State

08-30-1999 90005 044 ***550.00

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DOCUMENT # 1. Corporation Name	P98000076005
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Drigging Place			Address		<u> </u>		
Principal Plac		•	-				
17395 N. BAY ROAD							
SUITE 200A SUITE 200A SUNNY ISLES FL 33160 SUNNY ISLES FL 33160					DO NOT WRITE IN THIS SPACE		
001411 10220 1	12 00100	00,411	10000 12 00110			3. Date Incorporated or Qualified	
						09/01/1998	
2. Principal P	Place of Business	2a. Ma	iling Address			4 EEI Number	For
21		26	<u>├</u> ──			75-0870903 Not Appli	icable
Suite, Apt.	#, etc.		ite, Apt. #, etc.			□ \$8.75 Additio	nal
22		27				5. Certificate of Status Desired Fee Required	i :
City & State		Cit	y & State			6. Election Campaign Financing \$5.00 May E	3e
23		28				Trust Fund Contribution Added to Fee	
Zip	Country	Zip		Count	у	8. This corporation owes the current year	
24	25	29		30]		Intangible Personal Property. Yes No	,
	9. Name and Addres	ss of Current Registere	d Agent			10. Name and Address of New Registered Agent	
0011	ATTEN TEDDY			8	1 Name		
	ATTEN, TERRY			8	2 Street Add	dress (P.O. Box Number is Not Acceptable)	
	5 N. BAY ROAD			L		,	
	E 200A			8	3		
SUNI	NY ISLES FL 33160			8	4 City	■ 85 Zip Code	
					4 City	FL [3] 25 3000	
11. Pursuan	t to the provisions of secti	ons 607.0502 and 607.1	508, Florida Statut	es, the abov	e-named corp	oration submits this statement for the purpose of changing its registere	ed
office or	registered agent, or both am familiar with, and acc	, in the State of Florida.	Such change was	authorized t	by the corporat	tion's board of directors. I hereby accept the appointment as registere	ed
Ŭ	•	apt the doingstions of, oc	0.0000, 1	ionios otalai			
SIGNATURE	Signature, typed or printed name	of registered agent and title if appl	icable. (N	IOTE: Registered	Agent signature re-	quired when reinstating) DATE	_
12.	OI	FFICERS AND DIRECTO	ORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	l 12
TITLE	PD		DELETE	1.1 TITLE		Change A	
NAME	LABORAGE PLAISIF					Criange A	Addition
	KAUFMAN, ELAINE			1.2 NAME	:	C:larige A	Addition
STREET ADDRESS	45005 N 0411 BOAS), SUITE 200A			ET ADDRESS	Criange A	Addition
STREET ADDRESS CITY-ST-ZIP		•			ET ADDRESS	Criange A	Addition
	17395 N. BAY ROAD	•	DELETE	1.3 STRE	ET ADDRESS ST-ZIP		Addition Addition
CITY-ST-ZIP	17395 N. BAY ROAD SUNNY ISLES FL 33	•	DELETE	1.3 STREI 1.4 CITY-	ET ADDRESS ST-ZIP		
CITY-ST-ZIP TITLE	17395 N. BAY ROAD SUNNY ISLES FL 33 VPSD SCHATTEN, TERRY	160	DELETE	1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME	ET ADDRESS ST-ZIP		
CITY-ST-ZIP TITLE NAME STREET ADDRESS	17395 N. BAY ROAD SUNNY ISLES FL 33 VPSD SCHATTEN, TERRY 17395 N. BAY ROAD), SUITE 200A	DELETE	1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME	ET ADDRESS ST-ZIP ET ADDRESS		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3) if, Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and appurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the componant or the receiver or trustee emptweed to execute this report as required to Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.