

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 255134 (9)
1. Corporation Name
BETH W. CORPORATION

Principal Place of Business 800 WINDERLEY PLACE SUITE 105 MAITLAND FL 32751 US	Mailing Address 800 WINDERLEY PLACE SUITE 105 MAITLAND FL 32751 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 900 Winderley Place Suite, Apt. #, etc. 22 Suite 105 City & State 23 Maitland, FL Zip 24 32751 Country 25 US		2a. Mailing Address 26 900 Winderley Place Suite, Apt. #, etc. 27 Suite 105 City & State 28 Maitland, FL Zip 29 32751 Country 30 US		3. Date Incorporated or Qualified 01/19/1962	
		4. FEI Number 59-1105080		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

RANDOLPH SWAIN TALLENT & WHITEHEAD
900 WINDERLEY PLACE, SUITE 105
SUITE 100
MAITLAND FL 32751

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	PD POLLETT, JEWELL MAE	1.2 NAME	
CITY-ST-ZIP	3210 NW 101ST AVE HOLLYWOOD FL	1.3 STREET ADDRESS	8050 NW 30th Street
		1.4 CITY-ST-ZIP	Hollywood, FL 33024
TITLE	NAME	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	PD POLLETT, JEWELL MAE	2.2 NAME	
CITY-ST-ZIP	3210 NW 101ST AVE HOLLYWOOD FL	2.3 STREET ADDRESS	8050 NW 30th Street
		2.4 CITY-ST-ZIP	Hollywood, FL 33024
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		3.2 NAME	
CITY-ST-ZIP		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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

SIGNATURE: *Jewell Mae Pollett*

4/13/98 (407)660-2412

CR2E034 (10/97)