

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 300671 (5)

1. Corporation Name  
**BETTERWAY, INC.**



Principal Place of Business: 2838 SARNO ROAD MELBOURNE FL 32935  
Mailing Address: 2838 SARNO ROAD MELBOURNE FL 32935

3. Date Incorporated or Qualified: 01/11/1966  
3a. Date of Last Report: 05/01/1995  
4. FEI Number: 59-1152223  
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

2. Principal Place of Business: 21 Subst. Apt. #, etc. 22 City & State 23 Zip Country 24  
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30

9. Name and Address of Current Registered Agent

HERNDON, GLORIA K.  
2836 SARNO ROAD  
MELBOURNE FL 32935

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 607.1506, 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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

1. TITLE: P  
NAME: HERNDON, GLORIA K.  
STREET ADDRESS: 2836 SARNO RD.  
CITY, ST., ZIP: MELBOURNE FL  
2. TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY, ST., ZIP:  
3. TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY, ST., ZIP:  
4. TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY, ST., ZIP:  
5. TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY, ST., ZIP:  
6. TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY, ST., ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE:  Change  Addition  
1.2 NAME:  
1.3 STREET ADDRESS:  
1.4 CITY, ST., ZIP:  
2.1 TITLE:  Change  Addition  
2.2 NAME:  
2.3 STREET ADDRESS:  
2.4 CITY, ST., ZIP:  
3.1 TITLE:  Change  Addition  
3.2 NAME:  
3.3 STREET ADDRESS:  
3.4 CITY, ST., ZIP:  
4.1 TITLE:  Change  Addition  
4.2 NAME:  
4.3 STREET ADDRESS:  
4.4 CITY, ST., ZIP:  
5.1 TITLE:  Change  Addition  
5.2 NAME:  
5.3 STREET ADDRESS:  
5.4 CITY, ST., ZIP:  
6.1 TITLE:  Change  Addition  
6.2 NAME:  
6.3 STREET ADDRESS:  
6.4 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: *Gloria K. Herndon Pres* 22-96 407-259-9396  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE NUMBER

CR2E034 (12/95)