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**Apr 14 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 723850 (4)

1. Corporation Name
BETA CENTER, INC.

Principal Place of Business 4680 LAKE UNDERHILL ROAD ORLANDO FL 32807	Mailing Address 4680 LAKE UNDERHILL ROAD ORLANDO FL 32807
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3. Date Incorporated or Qualified
07/11/1972

4. FEI Number
23-7446558

Applied For
 Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Zip	25 Country
29 Zip	30 Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**F & L CORP.
GREENLEAF BUILDING, THIRD FLOOR
200 LAURA STREET
JACKSONVILLE FL 32202-3527**

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 617.0502 and 617.1508, 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 617.0503, 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 CD	NAME LORD, JOHN	1.1 TITLE CD	1.1 NAME Delahunty, Jr., Terence
STREET ADDRESS 1672 JOELINE CT	CITY-ST-ZIP WINTER PARK FL	1.2 NAME	1.2 STREET ADDRESS 1501 E. Jefferson St.
TITLE TD	NAME VAN HOECK, DOLLY	1.3 STREET ADDRESS	1.3 CITY-ST-ZIP Orlando, FL 32801
STREET ADDRESS 7604 APPLE TREE CIRCLE	CITY-ST-ZIP ORLANDO FL	2.1 TITLE	2.1 NAME
TITLE SD	NAME ROSE, ROSEMARY	2.2 NAME	2.2 STREET ADDRESS
STREET ADDRESS 116 PINE NEEDLE LANE	CITY-ST-ZIP ALTAMONTE SPRINGS FL	2.3 STREET ADDRESS	2.3 CITY-ST-ZIP
TITLE VPD	NAME DELAHUNTY, JR. TERENCE	2.4 CITY-ST-ZIP	3.1 TITLE
STREET ADDRESS 1501 E. JEFFERSON ST.	CITY-ST-ZIP ORLANDO FL	3.2 NAME	3.2 NAME
TITLE	NAME	3.3 STREET ADDRESS	3.3 STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	3.4 CITY-ST-ZIP	4.1 TITLE VPD
TITLE	NAME	4.2 NAME Charles Kulmann	4.2 STREET ADDRESS 1421 Nottingham St.
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	4.3 CITY-ST-ZIP Orlando, FL 32803
TITLE	NAME	4.4 CITY-ST-ZIP	5.1 TITLE
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	5.2 NAME
TITLE	NAME	5.3 STREET ADDRESS	5.3 STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP	6.1 TITLE
TITLE	NAME	6.2 NAME	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	6.3 STREET ADDRESS
TITLE	NAME	6.4 CITY-ST-ZIP	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Dolly Van Hoeck* **4/9/98** (407) 277-1942

CP2E037 (10/97)