

FILE NOW: FILING FEE IS \$61.25

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Mar 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 732320 (7)**

1. Corporation Name  
**BEF, INC.**



Principal Place of Business <b>420 BAY AVENUE CLEARWATER FL 34616</b>	Mailing Address <b>420 BAY AVENUE CLEARWATER FL 34616-5291</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>04/01/1975</b>	3a. Date of Last Report <b>04/10/1996</b>
21. Suite Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>23-7439469</b>	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>RAYMOND, J PAUL 400 CLEVELAND STREET CLEARWATER FL 34615</b>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. City	<b>FL</b> 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 <b>PD</b>	<b>DU TERROIL, JERRY G.</b>	1.1 TITLE <b>PD</b>	<b>CATES, RONALD K.</b>
NAME		1.2 NAME	
STREET ADDRESS <b>1100 NE LOOP 410 801</b>		1.3 STREET ADDRESS <b>420 BAY AVENUE</b>	
CITY-ST-ZIP <b>SAN ANTONIO TX</b>		1.4 CITY-ST-ZIP <b>CLEARWATER, FL 34616</b>	
TITLE <b>VD</b>	<b>HEBERLING, LARYN D.</b>	2.1 TITLE <b>VD</b>	<b>CARR, JAMES D.</b>
NAME		2.2 NAME	
STREET ADDRESS <b>420 BAY AVE</b>		2.3 STREET ADDRESS <b>420 BAY AVENUE</b>	
CITY-ST-ZIP <b>CLEARWATER FL</b>		2.4 CITY-ST-ZIP <b>CLEARWATER, FL 34616</b>	
TITLE <b>S</b>	<b>DUNN, CONNIE A.</b>	3.1 TITLE <b>SD</b>	<b>RIVES, LORI</b>
NAME		3.2 NAME	
STREET ADDRESS <b>420 BAY AVENUE</b>		3.3 STREET ADDRESS <b>420 BAY AVENUE</b>	
CITY-ST-ZIP <b>CLEARWATER FL</b>		3.4 CITY-ST-ZIP <b>CLEARWATER, FL 34616</b>	
TITLE <b>D</b>	<b>PHILLIPS HOMES, JANE</b>	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS <b>1400 GULF BLVD. #209</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>CLEARWATER FL</b>		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **JAMES D. CARR**  **813-445-4700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # **0066814**

CR2E037 (9/96)