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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

2. Principal Place of Business

WADDINGTON, JULIE A.

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

741888

(2)

Mailing Address

Suite, Apt. #, etc.

City & State

2ip

BETTER BUSINESS BUREAU OF SOUTH FLORIDA, INC.

Country

9. Name and Address of Current Registered Agent

25

Principal Place of Business	Mailing Address	
16291 N.W. 57TH AVENUE	16291 N.W. 57TH AVENUE	
HIALEAH FL 33014-3709	HIALEAH FL 33014-6709	

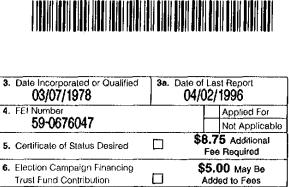
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FILED Apr 14 1997 8:00am Secretary of State



8. This corporation has liability for intangible tax under s. 199.032,

10. Name and Address of New Registered Agent

Florida Statutes

82 Street Address (P.O. Box Number is Not Acceptable)

Yes No

16291 N	.W. 57TH AVENUE		L.J					
	FL'33014		83					
	•		84 C	City 85 Zip Code				
	A			FL S Zip Code				
11. Pursuant t	o the provisions of Sections 617.0502 a	and 617.1508, Florida Statutes, t	he above-na	named corporation submits this statement for the purpose of changing its regis	tered			
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 applications of accept the obligations of, Section 617.0503, Florida Statutes.								
SIGNATURE	Le Que Wad	20	Kelix	2 1 3 7/8 7 It signature required when reinstetting)				
	Sinature, typed or printed name of registered agent a		·	t algrature redonato which relatating)				
12.	OFFICERS AND I		13	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13				
TITLE	VCD	☐ DELETE	1.1 TITLE	Change A	ddition			
NAME	COSSIN, JEFF		1.2 NAME					
STREET ADDRESS	16291 N.W. 57TH AVENUE		1.3 STREET ADD	DDRESS (l			
CITY-ST-ZIP	HIALEAH FL		1.4 CITY-ST-71					
TITLE	CD	☐ DELETE	2.1 TITLE	Change A	ddition			
NAME	FRANCO, ELIAS		2.2 NAME					
STREET ADDRESS	1,6291 N.W. 57TH AVENUE	·	2.3 STREET ADD	DDRESS				
DITY-ST-ZIP	HIALEAH FL		2. 4 CITY- ST - Z					
TITLE	VCD	☐ DELETE	3.1 TITLE	Change A	ddition			
NAME	POLLARD, FORD		3.2 NAME		ļ			
STREET ADDRESS	16291 N.W. 57TH AVENUE		3.3 STREET ADD	DDRESS				
CITY-ST-ZIP	HIALEAH FL		3.4. CITY - S1 - ZI	······································				
TITLE	CDD	☐ DELETE	4.1 TITLE	Change A	doition			
NAME	HAICK, JAMES J		4. 2 NAME		[
STREET ADDRESS	16291 N.W. 57TH AVENUE		4.3 STREET ADD	ADDRESS .				
CITY-ST-ZIP	HIALEAH FL		4.4 CITY-ST-ZI					
TITLE	VCD	☐ DELETÉ	5.1 TITLE	Change A	ddition			
NAME	KAYE, MARTIN	l l	5.2 NAME		l			
STREET ADDRESS	16291 N.W. 57TH AVENUE		5.3 STREE1 ADD	DORESS				
CITY-ST-ZIP	HIALEAH FL		5.4 CITY-ST-ZII					
TITLE	STD	☐ DELETE	6.1 TITLE	☐ Change ☐ A	ddition			
NAME	RIZZO, VINCENT		6.2 NAME		Ì			
STREET ADDRESS	16291 N.W. 57TH AVENUE		6.3 STREET ADD	ØDRESS				
CITY-ST-ZIP	HIALEAH FL		6.4 CITY-ST-ZI					
14. I do hereby certify that the information supplied with this filling doos 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.								

Country

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