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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

May 12 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F9300001936 (4)

14. I do hereby certify that the information supplied with this information indicated on this armuel report of supplier of I am an officer or director of the corporation or the record appears in Block 12 or Block 13/ft changed, or on any att

1. Corporation	BET SALES, INC.  e of Business FO DR.	Mailing Address 7621 SAN MATEO OR. SUITE 100 BOCA RATON FL 33433-41	31		
US		US	•	<ol> <li>Date Incorporated or Qualified 04/23/1993</li> </ol>	3a, Date of Last Report 06/25/1996
2. Principal Pl 21 338	ace of Business 1 Sw 51si Struc	2a. Mailing Address 28 338 / Sw 5	IST STREET	4. FEI Number 86-0460492	Applied For Not Applicable
Suite, Apt		Suite, Apt. #, etc.	00	5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State	LAWDERDALEFO	28 FT. LAVDE	RIACE, FZ	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
<sup>Zip</sup> 33			30 Country USA		Yes No
9, Name and Address of Current Registered Agent  7AIDC: DOMAN 81 Name				10. Name and Address of New Registered Agent	
l .	DEL, ROMAN COAN MATEO DO			ZAHDEL, KN	MAN
7621 SAN MATEO DR 7621 SAN MATEO DR.				ress (P.O. Box Number is Not Accepta	able)
BOCA RATON FL 33433				15W5187 STR	105 1117= 100
			84 City	LANDFROACE	FL 85 33312
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		LOMANC	MINEL VIC	E PULSOJENI	4/28/9/
	Signature, types or printed name of registered agent OFFICERS AND		Registered Agent signature requi	red when reinstating)  ADDITIONS/CHANGES TO OFF	DATE SICERS AND DIRECTORS IN 12
12.	STD	DELETE	1.1 TITLE 5	77)	Change Addition
NAME	ZAIDEL, ROMAN		1.2 NAME	TIDEL, LONAN	11/00
STREET ADDRESS	7621 SAN MATEO DR.		1.3 STREET ADDRESS 3	38/SW 5/ H S	TRAST \$100
DITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	7. LANGERABLES	AZ 33312
TITLE	PD	☐ DELETE	21 TITLE		Change Addition
NAME	ZAIDEL, LINDA ANN		2.2 NAME	MIRL, LINDA.	
STREET ADDRESS	7621 SAN MATEO DR.		2.3 STREET ADDRESS 3	38/ SW 51 # 57	MENT of 100
CITY-ST-ZIP	BOCA RATON FL	T**	2.4 CITY-ST-ZIP	T. LAVIJERJACE)	F2 333/2
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		Į
CITY-ST-ZIP		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
THLE		□ Dittell	4.2 NAME		C O DO TO CO
NAME STREET ADDRESS	j		4.3 STREET ADDRESS		
CITY - S1 - ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		·
STREET ADDRESS			5.3 STREET ADDRESS		Ì
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		ļ
STREET ADDRESS			6.3 STREET ADDRESS		Ì

SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylors Priors 4

filing does not htal annual rept y for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the lie and accurate and that my signature shall have the same legal effect as if made under oath; that pred to execute this report as required by Chapter 607, Florida Statutes; and that my name