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

**PROFIT** CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 04 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

| Principal Plac  MAYIE L  Principal Plac  ADAVIE F. U.  2400 EAST O           | EDBETTER, INC.  e of Business EDBETTER AKLAND PARK BOULEVARD                       | Mailing Address % DAVIE F. LEDBETTER 2400 EAST OAKLAND PARK         |  |  |                                   |
|--|--|---|--|--|-----------------------------------|
| FT. LAUDERDA   | ALE FL 33306   | FT. LAUDERDALE FL 33306   | -1102                                    | , ,  | Date of Last Report               |
| 2. Principal F   | lace of Business   | 2a. Mailing Address   |  | 09/16/1983 0<br>4. FEI Number  | 4/10/1996<br>Applied For          |
| 21   |  | 26  |  | 59-2327141   | Not Applicable                    |
| Suite, Apt   | #. etc.  | Suite, Apt. #, etc.   |  | 5. Certificate of Status Desired   | \$8.75 Additional<br>Fee Regulred |
| City & Stat  | e  | City & State  | . —                                      | 6. Election Campaign Financing   | \$5.00 May Be                     |
| 23   |  | 28  |  | Trust Fund Contribution  | Added to Fees                     |
| Zip<br>24  | Country<br>25  |   | Country<br>30                            | 8. This corporation has liability for intangit Florida Statutes Yes                                  | □ No                              |
| 9, Name and Address of Current Registered Agent    ENDETTED DAME E   81 Name |  |   |  | 10. Name and Address of New Registers  | d Agent                           |
|  | Better, davie F.<br>O east oakland park boule'                                     | VARO  |  |  |                                   |
| FT. LAUDERDALE FL 33308  |  | ******  | 82 Street Ac                             | ddress (P.O. Box Number is Not Acceptable)   |                                   |
|  | <b>A</b>   |   | 83                                       |  |                                   |
|  | •  |   | 84 City                                  | F  | 65 Zip Code                       |
| 11. Pursuant   | to the provisions of Sections 607.0502   | 2 and 607.1508, Florida Statute                                     | s, the above-named co                    | orporation submits this statement for the purpose  | of changing its registered        |
| office or i<br>agent it a  | registered agent, or both, in the State<br>im familiar with, and accept the obliga | of Florida. Such change was au<br>itions of, Section 607.0505, Flor | uthorized by the corpo<br>rida Statutes. | orporation submits this statement for the purpose ration's board of directors. I hereby accept the a | ppointment as registered          |
| SIGNATURE  | Signature, typed or printed name of registered agen                                |   | Registered Agent signature re-           |  |                                   |
| 12.  | OFFICERS AND   |   | 13.                                      | ADDITIONS/CHANGES TO OFFICERS A  |                                   |
| Title  | DP   | ☐ DELETE  | 1.1 TITLE                                |  | ☐ Change ☐ Addition               |
| NAME   | LEOBETTER, DAVIE F   |   | 1.2 NAME                                 |  | ļ                                 |
| STREET ADDRESS CHY-ST-ZIP  | 2900 BANYAN BY CR.NW<br>BOCA RATON FL  |   | 1.3 STREET ADDRESS                       |  |                                   |
| TITLE  | D  | ☐ DELETE  | 1.4 CITY-SI-ZIP<br>2.1 TITLE             |  | Change Addition                   |
| NAME   | LEDBETTER, SUSAN L.  |   | 2.2 NAME                                 |  |                                   |
| STREET ADDRESS   | 2900 BANYAN BV CR N.W.   |   | 2.3 STREET ADDRESS                       |  | ļ                                 |
| CITY - ST - ZIP  | BOCA RATON FL  | ☐ DELETE  | 2. 4 CÎTY-ST-ZIP<br>3 1 TITLE            |  | Change Addition                   |
| NAME   | LEVY, VIRGINIA K.  | Til percer  | 3.2 NAME                                 |  | C cliarge C Acquion               |
| STHEFT ADDRESS   | 2134 NW 60TH CR  |   | 3.3 STREET ADDRESS                       |  |                                   |
| CITY-ST-7IP  | BOCA RATON FL  |   | 3.4. CITY-ST-ZIP                         |  |                                   |
| THLE   |  | DELETE  | 4.1 TITLE                                |  | Change Addition                   |
| NAME<br>STREET ADDRESS   |  |   | 4.2 NAME 4.3 STREET ADDRESS              | •  | ļ                                 |
| City-SI-7-P  |  |   | 4.3 STREET ADDRESS                       |  |                                   |
| BILE   |  | ☐ DELETE  | 5.1 TITLE                                | ······································   | Change Addition                   |
| NAME   |  |   | . 5.2 NAME                               |  | ł                                 |
| STREET ADDRESS   |  |   | 5.3 STREET ADDRESS                       |  |                                   |
| TITLE  |  | DELETE  | 5.4 CITY-ST-ZIP<br>6.1 TITLE             |  | Change Addition                   |
| NAME   |  | Ed occess   | 6.2 NAME                                 |  | - Company Last Control            |
| STREET ADDRESS   |  |   | 6.3 STREET ADDRESS                       |  | 9                                 |
| 1  | İ  |   |  |  | ı                                 |

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 of tupplemental 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 of the receiver or trustee amp evered a execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change 1, or on an attachment with a paper.