

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H12557 (5)
1. Corporation Name JO-BET, INC.

Principal Place of Business 1395 CYPRESS AVENUE MELBOURNE FL 32935	Mailing Address 1395 CYPRESS AVENUE MELBOURNE FL 32935
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2. Principal Place of Business 21 2052 ALLAMANDA Suite, Apt. #, etc. 22 PORT ST. LUCIE, FL City & State 23 Zip 24 33452	2a. Mailing Address 26 SAME Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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9. Name and Address of Current Registered Agent FERRONE, EUGENE F. 3584 SWALLOW DRIVE MELBOURNE FL 32935 1614 E PONDEROSA PINE JACKSONVILLE, FL 32225	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	FERRONE, EUGENE F.	1.2 NAME	FERRONE, EUGENE F.
STREET ADDRESS	3584 SWALLOW	1.3 STREET ADDRESS	1614 E. PONDEROSA PINE DR
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	JACKSONVILLE FL 32225
TITLE	TD	2.1 TITLE	TD
NAME	SMITH, CURTIS H.	2.2 NAME	SMITH, CURTIS H.
STREET ADDRESS	2052 ALLAMANDA	2.3 STREET ADDRESS	2052 ALLAMANDA
CITY-ST-ZIP	PORT ST. LUCIE FL	2.4 CITY-ST-ZIP	PORT ST LUCIE, FL 33452
TITLE	S	3.1 TITLE	S
NAME	FERRONE, BETTY	3.2 NAME	FERRONE, BETTY
STREET ADDRESS	3584 SWALLOW	3.3 STREET ADDRESS	1614 E PONDEROSA PINE DR
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ SIGNATURE REQUIRED _____

CR2E034 (4/97)