


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

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H74558** (8)
1. Corporation Name
BETTEN TRUCKS, INC.

Principal Place of Business 1924 SOUTH PATRICK DRIVE P O BOX A INDIAN HARBOUR BEACH FL 32937 US	Mailing Address 1924 S PATRICK P O BOX A SATELLITE BEACH FL 32937
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1924 S PATRICK DRIVE Suite, Apt. #, etc. 22 City & State 23 INDIAN HARBOUR BEACH, FL Zip 24 32937-4417 Country 25 U.S.A.		2a. Mailing Address 26 1924 S PATRICK DRIVE Suite, Apt. #, etc. 27 City & State 28 INDIAN HARBOUR BEACH, FL Zip 29 32937-4417 Country 30 U.S.A.		3. Date Incorporated or Qualified 09/11/1985
		4. FEI Number 59-2583801		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**BETTEN, FRANCE
C/O BETTEN TRUCKS, INC.
1924 SO. PATRICK
INDIAN HARBOUR BCH. FL 32937**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETTEN, FRANCE	1.2 NAME	
STREET ADDRESS	408 PARKSIDE PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETTEN, COE	2.2 NAME	
STREET ADDRESS	408 PARKSIDE PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL	2.4 CITY-ST-ZIP	
TITLE	TS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOVARY, JOHN	3.2 NAME	
STREET ADDRESS	716 SEA PALM LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BEACH FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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

John M Kovary

4/17/98 407-777-7711

CR2E034 (10/97)