

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

FILED

Jun 09 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **J21312** (0)
1. Corporation Name
BETA DEMOLITION, INC.

Principal Place of Business
**6045 SW 45TH ST.
DAVIE FL 33314
US**

Mailing Address
**6045 SW 45TH ST.
DAVIE FL 33314
US**

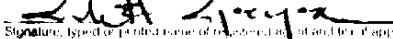


DO NOT WRITE IN THIS SPACE

| | | | | | | | | |
|--|--|--|--|--|---|---|---|--|
| 2. Principal Place of Business 21 4970 SW 52nd Street, #305 Suite, Apt. #, etc. 22 Bay 305 City & State 23 Davie, Florida Zip 24 33314 Country 25 Broward | | 2a. Mailing Address 26 4970 SW 52nd Street, #305 Suite, Apt. #, etc. 27 Bay 305 City & State 28 Davie Florida Zip 29 33314 Country 30 Broward | | 3. Date Incorporated or Qualified 06/26/1986 | 4. FEI Number 59-2693820 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 |
|--|--|--|--|--|---|---|---|--|

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| 9. Name and Address of Current Registered Agent GEYER, CLIFFORD 3922 SHEARWATER DR JUPITER FL 33433 | | 10. Name and Address of New Registered Agent 81 Name Geyer, Clifford 82 Street Address (P.O. Box Number is Not Acceptable) 12781 Marsh Landing 83 84 City Palm Beach Garden FL 85 Zip Code 33418 | |
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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's signature required when reappointing) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------|---|------------------------------------|
| TITLE | DP | 1.1 TITLE | President |
| NAME | GEYER, CLIFFORD | 1.2 NAME | Geyer, Clifford |
| STREET ADDRESS | 3922 SHEARWATER DR | 1.3 STREET ADDRESS | 12781 Marsh Landing |
| CITY-ST-ZIP | JUPITER FL | 1.4 CITY-ST-ZIP | Palm Beach Gardens FL 33418 |
| TITLE | DVP | 2.1 TITLE | |
| NAME | GEYER, CANDI | 2.2 NAME | |
| STREET ADDRESS | 3922 SHEARWATER DR | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | JUPITER FL | 2.4 CITY-ST-ZIP | |
| TITLE | DST | 3.1 TITLE | |
| NAME | GEYER, GLORIA | 3.2 NAME | |
| STREET ADDRESS | 3922 SHEARWATER DR | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | JUPITER FL | 3.4 CITY-ST-ZIP | |
| 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 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

CR2E034 (10/97)