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FILED  
May 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

DOCUMENT # J62111 (6)

1. Corporation Name  
BETTER BUSINESS BROKERS, INC.

Principal Place of Business

C/O KATHY SCHOELER  
832 NW 30 AVE. STE. 200  
OCALA FL 34475  
US

Mailing Address

832 NW 30TH AVE.  
STE. 200  
OCALA FL 34475-5671  
US

3. Date Incorporated or Qualified  
03/17/1987

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business  
21 2520 S.W. 27th Ave.

2a. Mailing Address  
26 2520 S.W. 27th Ave.

4. FEI Number  
59-2787898

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State  
23 Ocala FL

27 City & State  
28 Ocala FL

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip 34474 25 Country U.S.

29 Zip 34474 30 Country U.S.

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHOELER, KATHY  
832 NW 30TH AVE.  
STE. 200  
OCALA FL 34475

81 Name Schoeler, Kathy  
82 Street Address (P.O. Box Number is Not Acceptable)  
2520 S.W. 27th Ave.  
83  
84 City Ocala FL 85 Zip Code 34474

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PVS ☐ DELETE  
NAME SCHOELER, KATHY  
STREET ADDRESS 8111 N.W. 46TH ST.  
CITY-ST-ZIP Ocala FL

1.1 TITLE PVS ☐ Change ☐ Addition  
1.2 NAME Schoeler, Kathy  
1.3 STREET ADDRESS 2520 S.W. 27th Ave.  
1.4 CITY-ST-ZIP Ocala, FL 34474

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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]* April 29, 1997 (352)351-5000

CR2E034 (9/96)