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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K12104

(1)

BETA HEDGE, INC.

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FILED
Jan 28 1998 8:00am
Secretary of State

Principal Place of Business 30 ARIZONA STREET HOLLIWOOD FL 30019  2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Principal Place of Business 2. Subs. Apt. 4. etc. 2. Subs. Apt. 4. etc. 2. Subs. Apt. 4. etc. 2. City & State 2. City & State 2. City & State 2. City & State 2. Principal Place of Business 2. Do Country 2. Do Country 2. Do Country 3. Thurst Fund Control Place of Business 3. Do May technology 1. Experiment 1. So Control Place of Business 3. Do May technology 1. Experiment 1. So Control Place of Business 3. Do May technology 1. Experiment 1. So Country 3. Name and Address of Current Registered Agent 3. Do Name and Address of Current Registered Agent 4. Name 4. Do Name and Address of Current Registered Agent 4. Name 4. State Address of Place									
20 ARZONA STREET	Principal Place of Business Mailing Address						-		
HOLLYWOOD FL 30019 HOLLYWOOD FL 30019 HOLLYWOOD FL 30019  A PRIncipal Place of Business  Z. Principal Place of Business Z. Principal Place of Business Z. Principal Place of Business Z. Principal Place of Business Subs. Apt. 4, etc. Subs. Apt	i i		•						
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2. Principal Place of Business   2a. Mailing Address   4. FER Number   Activity   55     27									
22. Maling Address   23. Maling Address   4. FEI Number   65-0023670   Not Applied For   Not Applied									
Subject Apt. #, etc.   25									
Salle, Apt. 4, etc.   Sulte, Apt. 4, etc.   Sulte, Apt. 4, etc.   S. Certificate of Status Desired   S. Restructed   See Required   See Requi		ace of Business						<del></del>	<del>· · · · · · · · · · · · · · · ·</del>
City & State  20  City & State  City & State		H -1-		- <u>                                     </u>			65-0023670		
City & State  23		#, etc.		the state of the s			5. Certificate of Status Desired	, -	
Zip				<del></del>			6 Florito Compolen Figuration	<del>,,,</del>	
Zip Country Zip Country 2			<b>⊢</b> ′						
25		Country		Country					
10. Name and Address of Now Registered Agent   10. Name and Address of Now Registered   10. Name and Address   10. Name and Addr	<b>⊢</b> '	<u> </u>	<del></del>	`					
SIZO ARIZONA STREET HOLLYWOOD FL 33019  82									
320 ARIZONA STREET HOLLYWOOD FL 33019  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Zip Code  11. Pursuant to the provisions 607 0502 and 607 1508. Florids Statutes, the above-named corporation aubmits this statement for the purpose of charging is registered agent, or both, in the State of Florida. Such charge was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE Signature, types or primes area of registered agent and the signature registered agent age	LIC	HEN, GERALD M.		8	31	Name			
HOLLYWOOD FL 33019    Sala   City   FL   Sala   Zip Code			-	22	Charles Address	on (D.C. Day Number in Not Assessable)		<del></del>	
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 charge was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida, Such charge was authorized by the corporation's board of directors. I hereby accept the appointment as registered states.   SIGNATURE   Signature, types or printed arene of registered spent agent agen					~	Street Addres	acress (P.O. Box Number is Not Acceptable)		
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Signature typed or printed same of negativered agents and all bit is applicable. (NOTE. Registered Agent signature required when reintaciating)	11. Pursuant to	o the provisions of Sections 607.0	502 and 607.1508, Florida Statu	tes, the abo	ove-	named corpo	ration submits this statement for the purpos	se of changing	its registered
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Signature, typed or printed name of registered agent and tills of applicables.   (NoTE: Registered Agent signature required with relineating)									
TITLE						t signature required	when reinstating) DA	ΓĘ ~	· · ·
NAME	12.			13.			ADDITIONS/CHANGES TO OFFICERS		
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CITY-ST-ZIP	NAME	•		1,2 NAME					
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	STREET ADDRESS			6.3 STRE	ET AI	DDRESS			
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		206 Ab - 2 66 - 116 - 11	and the state of t						1-4

4. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(), 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 a catachment with an address.

C. P.A.D. M. L. C.H. S.N.

**SIGNATURE:** 

1-15-98 954-923-3553