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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandre B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K31451

(3)

BETTE'S PLACE, INC.

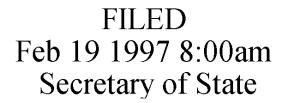
Principal Place of Business

SIGNATURE:

2115 N OCEAN DR

Mailing Address

2115 N OCEAN DR HOLLYWOOD FL 33019-3504





| HOLLYWOOD FL 33019 | | HOLLYWOOD FL 33019-3504 | | | | | | | | |
|-------------------------|--|---|-------------------------------|---------------------------------------|---|-----------------|--|---|---------------------------------------|----------------|
| | | | | | | | 3. Date incorporated or Qualified 08/19/1988 | I | e of Last R | eport |
| 2. Principal Po | ace of Business | 2a. Mailing | Address | | · | | 4. FEI Number | | Ar | oplied For |
| 21 | | 26 | 26 | | | | 65-0073273 | | | ot Applicable |
| Suite, Apt i | ¥, etc | ₁ | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | — — | Additional |
| 22 | | 27 City & S | ` | | | | | | | equired |
| City & State | • | ·1 | otate | | | | 6. Election Campaign Financing | П | | May Be |
| 2 3] Zip | Country | 28 Zip | | 1 6 | ountry | | Trust Fund Contribution | | | to Fees |
| 14 | 25 | 29 | | 30 | - WI W. J | | 8. This corporation has liability for Florida Statutes | ≀ntangible ☑ Yes ☐ | | . 199.032, |
| <u></u> | 9. Name and Address of Curre | | ent | Ign | 1 | | 10. Name and Address of New Re | T | | |
| GRE | NIER, DENISE | | | · · · · · · · · · · · · · · · · · · · | 81 | Name | | · T | · · · · · · · · · · · · · · · · · · · | |
| 2445 N. OCEAN DRIVE | | | | | | Stroot A | ddrag /B O. Bay Number is Not Account | nia\ | | |
| HOLLYWOOD FL 33019 | | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | | | | | 83 | | | *************************************** | | |
| | | | | | | | | | 77 | |
| | | | | | 84 | City | | FL | 85 Zip | Code |
| 11. Pursuant t | o the provisions of Sections 607.050 | 02 and 607.1508, | Florida Stalu | tes, the | abov | e-named c | corporation submits this statement for the p | ourpose of | changing i | ts registered |
| office or re | egistered agent, or both, in the State in familiar with, and accept the oblig | e of Florida. Such lations of, Section | change was i 607.0505. Fi | authoriz Iorida Si | ed by | the corpo | pration's board of directors. I hereby accep | pt the appo | ointment as | registered |
| SIGNATURE | | andria 41, addition | | | | • | | | | |
| | Segreciae i typed exprinted name of registerious ag | ent and title if applicable | , (NO | TE: Registe | red Age | ent signature r | всыired when reinstating) | DAYE | | |
| 12. | | ID DIRECTORS | | 13 |) . | | ADDITIONS/CHANGES TO OFFIC | CERS AND | | |
| Title | POT | | DELETE | | TITLE | - | | | Change | Addition |
| NAME | GRENIER, GILLES | | | 1.2 | NAME | | | | | |
| STREET ADDRESS | 326 NEBRASKA ST | | | 1.3 | STREET | ADORESS | | | | |
| CITY-ST-ZIP | HOLLYWOOD FL | | | | CITY-S | T-ZIP | | ······································ | | |
| TITLE | SD DENIES | | DELETE | | TITLE | ı | | | Change | Addition |
| NAME | GRENIER, DENISE | | | 1 | NAME | | | | | |
| STREET ADDRESS | 326 NEBRASKA ST | | | 2.3 | STREET | ADDRESS | • | | | |
| CITY-ST-ZIP | HOLLYWOOD FL | | Devere | | 4 CITY | ST-ZIP | ليون المسالم ا | ····· | | Adres |
| TITLE | VD COCNICO ELIZADETH | | DELETE | 1 | TITLE | | • | , | Change | Addition |
| NAME | Grenier, Elizabeth 326 Nebraska St | | | I | NAME | | | | | |
| STREET ADDRESS | HOLLYWOOD FL | | | | | ADDRESS | | | | |
| CPTY - ST - ZIP | HOLLI WOOD FL | | DEVENE | | . CITY-: | ST-ZIP | | | Chanas | - I delila- |
| TITLE | | | DELETE | | TITLE | | • | | [] Change | Addition |
| NAME | | | | | 2 NAME | | | | | |
| STREET ADDRESS | | | | - 8 | | ADDRESS | | | | |
| CITY - S1 - ZIP | | | DELETE | | CITY-S | ST-ZIP | | | Change | Addition |
| TITLE | | | L. OCLETE | ı | TITLE | ļ | | | m change | Audition |
| NAME OXECT ASSOCIO | | | | | NAME | Labbasaa | | | | |
| STREET ADDRESS | | | | | | ADDRESS | | | | |
| City-ST-ZiP Title | | | DELETE | | CITY-S | or-ZIP | | | Change | Addition |
| | | | out.it | 1 | NAME | İ | | | | LI MUMUM |
| NAME STOCET ADDRESS | | | | | | ADDDECC | | | | |
| STREET ADDRESS | | | | | | ADDRESS | | | | |
| CITY-ST-ZIP | ov certify that the information supplies | ed with this filing | does not out | | CITY-S | | ated in Section 119.07(3)(i), Florida Statute | s I further | certify that | the |
| informatio Lam an of | n indicated on this annual report or | supplemental and r the receiver or t | nual report is rustee empo | true and wered to | dacci | urate and | that my signature shall have the same legi oport as required by Chapter 607, Florida | al effect as | if made un | oder oath; tha |