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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K45809 1. Corporation Name BETWELL DEVELOPMENT CORP.

(6)

Mailing Address

FILED Feb 18 1997 8:00am Secretary of State

												Ì			ĺ			Ì							Í			I							۱		H		Ì										ı									ı
ı	ı	f	I	H	I	ł	J	l	I	I	l	J	l	ı	Ш	ı	۱	ı	ı	IJ	H	ı	I	Į	Į	ı	ı	Į	1	U	l	l	ı	ı	Į	I	I	I	ı	Ш	J	I	ł	il	Ц	ı	۱	ı	ı	ı	ı	H	ı	IJ	ł	Į	١	J

P.O. BOX 2577 HIALEAH FL 330	012). BOX 2577 NLEAH FL 33012-0577							e e			
									Date Incorp 11/17/198	orated or Qualif		ate of La 01/199		port
2. Principal Pl	ace of Business		2a.	Mailing Address				4.	FEI Number		<u> </u>		+	olied For
21			26				<u> </u>		NUI AF	PLICABLE				Applicable
Suite, Apt. (27	Suite, Apt. #, etc.	<u> </u>			5.	Certificate o	of Status Desired		Fe	e Rec	dditional tuired
City & State	:		28	City & State						mpaign Financir Contribution	, <u> </u>			May Be Fees
Zip 24	Coi 25	intry	29	Zip	30 Cou	ntry			Florida Stat		Yes	_] No	iers.	199.032,
		dress of Current I	Regis	tered Agent				10.	Name and	Address of Nev	v Registered	Agent		
	WELL, R. G.	_			ļ	B1	Name							
	Westward Driv AI Springs FL 33					82	Street Add	ress (P.	O. Box Nur	nber is Not Acce	eptable)			
,,,,, w.	•				•	83	,	***************************************						
						84	City	<u>.</u>			FL	85	Zip C	ode
SIGNATURE	Signature, typed or perhed		and title		OTE: Registered	l Age	en) signature requi			CHANGES TO C	DATE DEFICERS AN	D DIREC		S IN 12
THE	KNOLLMAN, KE	NNFTH A		□ nerele	1.1 TII 1.2 NA				-	* .		: .	· igc	אין אמטונטוו
NAME STREET ADDRESS	15405 MIAMI LA						ADDRESS		F					4.
CHY-ST-ZIP	MIAMI LAKES F						ST-ZIP			. '	1			
TITLE	ST			DELETE	2 1 TI						····	Cha	nge	Addition
NAME	DUNN, LIZBETH				2.2 N/	ME								
STREET ADDRESS	1121 QUAIL AV				2.3 \$1	reet	ADDRESS			1				
CITY - ST - 7IP	MIAMI SPRINGS	· FL		DELETE			ST-ZIP					Cha	nge	Addition
TITLE NAME				LJ DECEN	3.1 Tri 3.2 NA							0110	iiigo	Lin roution
STREET ADDRESS							TADDRESS					•		,
City - ST - ZiP					3.4. C	TY-!	ST-ZIP							
TITLE				☐ DELETE	4.1 TC	TLE						Cha	nge	Addition
NAME					4. 2 N		1							
STREET ADDRESS							ADDRESS					•		
CITY-ST-7IP				DELETE	4.4 C		ST - ZIP	,				Cha	nge	Addition
NAME				hand break / L	5.1 N								-	
STREET ADDRESS							ADDRESS							•
CITY-ST-ZIP							ST-ZIP							
TITLE	***************************************			☐ DELETE	6.1 TI							Cha	пge	Addition
NAME					6.2 N	ME	1							
STREET ADDRESS					6.3 S	IREE1	T ADDRESS							

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 an attachment with an address

CR2E034 (9/96)