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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LO8877

(7)

BETTER BUSINESS FORMS, INC.

## FILED Jan 23 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address			1		
10950 BELCH	IER ROAD	10950 BELCHER ROAD					
LARGO FL 33777		P.O. BOX 250		DO NOT MIDITE IN THIS SPACE			
US		PINELLAS PARK FL 34664-0250			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		f
		La Matter			08/14/1989	·····	
<u>⊢</u> .	Place of Business	2a. Mailing Address			4. FEI Number	<del> (</del>	oplied For
21		26			59-2969301		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	T	Additional
22		27					equired
City & Stat	e	City & State			6. Election Campaign Financing		May Be
23		28	A		Trust Fund Contribution		to Fees
Zìp	Country	Zip 33780 - 0250 3	Country	,	8. This corporation owes or has paid the		,
24	25		10		Personal Property Tax due June 30.  10. Name and Address of New Registers		No
r	g. Name and Address of Curr	ent Hegistered Agent	81	Nome	10. Name and Address of New Register	ea Agent	
, KE	ller, gary w		01	Name			
109	950 BELCHER ROAD		82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
į LAI	RGO FL 33777						
			83	}			
			84	City		. 85   Zip	Code
1			••	Oity	F	L	
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statutes	, the above	s-named corp	poration submits this statement for the purpose	of changing i	ts registered
office or r	egistered agent, or both, in the Sta Im familiar with, and accept the obl	ite of Florida. Such change was au ligations of Section 607.0505. Flori	thorized by	the corporat	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	ippointment as	registered
	arriginal with, and accept the con-	igations of accitan sortions, in ion	ou oldiolo.	<b>.</b>			
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable. (NOTE:	Registered Age	ent signature requir	red when reinstating) DATE	:	
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	3S IN 12
TITLE	PD	DELETE	1.1 TITLE		D (Chairman, Director)	Change	Addition
NAME	LUND, HENRY		1.2 NAME				
STREET ADDRESS	10950 BELCHER ROAD		1,3 STREET	ADDRESS			
CITY-ST-ZIP	LARGO FL		1,4 CITY-S				
TITLE	D	DELETE	2.1 TITLE	71 211	•	Change	Addition
NAME	HOGAN, PAUL	_	2.2 NAME			_ ,	
STREET ADDRESS	10950 BELCHER ROAD		2.3 STREET	ADDRECC			
	LARGO FL		2,0 0114(0)	AUDINESS			
CITY-ST-ZIP TITLE	LANGO I L		n a city o	PT 7/D	• •		
	עם	☐ DELETE	2.4 CITY - 9		> (Procestalt Devotor)	Change	Addition
	D V	☐ DELETE	3.1 TITLE		D (President, Director)	Change	Addition
NAME	BAKER, JOSEPH P.	DELETE	3.1 TITLE 3.2 NAME	P	D (President, Director)	Change Change	Addition
NAME STREET ADDRESS	BAKER, JOSEPH P. 10950 BELCHER ROAD	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET	ADDRESS	D (President, Director)	Change	Addition
NAME Street address City-St-Zip	BAKER, JOSEPH P. 10950 BELCHER ROAD LARGO FL		3.1 TITLE 3.2 NAME 3.3 STREET 3.4. CITY-S	ADDRESS	D (President, Director)		
NAME STREET ADDRESS CITY-ST-ZIP TITLE	BAKER, JOSEPH P. 10950 BELCHER ROAD LARGO FL STD	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET 3.4. CITY-S 4.1 TITLE	ADDRESS	D (President, Director)	Change Change	Addition
NAME STREET ADDRESS City-St-Zip Title NAME	BAKER, JOSEPH P. 10950 BELCHER ROAD LARGO FL STD KELLER, GARY W.		3.1 TITLE 3.2 NAME 3.3 STREET 3.4. CITY-S 4.1 TITLE 4. 2 NAME	ADDRESS ST-ZIP	D (President, Director)		
NAME STREET ADDRESS CITY-ST-ZIP TITLE	BAKER, JOSEPH P. 10950 BELCHER ROAD LARGO FL STD KELLER, GARY W. 10950 BELCHER ROAD		3.1 TITLE 3.2 NAME 3.3 STREET 3.4. CITY-S 4.1 TITLE	ADDRESS ST-ZIP	D (President, Director)		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	BAKER, JOSEPH P. 10950 BELCHER ROAD LARGO FL STD KELLER, GARY W.	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET 3.4. CITY-S 4.1 TITLE 4. 2 NAME	ADDRESS ST-ZIP ADDRESS	D (President, Director)	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	BAKER, JOSEPH P. 10950 BELCHER ROAD LARGO FL STD KELLER, GARY W. 10950 BELCHER ROAD		3.1 TITLE 3.2 NAME 3.3 STREET 3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET	ADDRESS ST-ZIP ADDRESS	D (President, Director)		
NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	BAKER, JOSEPH P. 10950 BELCHER ROAD LARGO FL STD KELLER, GARY W. 10950 BELCHER ROAD	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET 3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S	ADDRESS ST-ZIP ADDRESS	D (President, Director)	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	BAKER, JOSEPH P. 10950 BELCHER ROAD LARGO FL STD KELLER, GARY W. 10950 BELCHER ROAD	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET 3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE	ADDRESS ST-ZIP ADDRESS T-ZIP	D (President, Director)	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	BAKER, JOSEPH P. 10950 BELCHER ROAD LARGO FL STD KELLER, GARY W. 10950 BELCHER ROAD	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET 3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS	D (President, Director)	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	BAKER, JOSEPH P. 10950 BELCHER ROAD LARGO FL STD KELLER, GARY W. 10950 BELCHER ROAD	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET 3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS	D (President, Director)	Change	Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	BAKER, JOSEPH P. 10950 BELCHER ROAD LARGO FL STD KELLER, GARY W. 10950 BELCHER ROAD	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET 3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 6.1 TITLE 6.2 NAME	ADDRESS ST-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	D (President, Director)	Change	Addition Addition
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4. I hereby certify that the information supplied with this filling 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:

DAWY WILLIAM WIRED

12/98 813 5458703 (4362)