

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L92711** (5)
1. Corporation Name

BETA TECHNOLOGIES, INC.



Principal Place of Business: **20851 SONETA DR. BOCA RATON FL 33433**
Mailing Address: **20851 SONETA DR. BOCA RATON FL 33433**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/31/1990	3a. Date of Last Report 05/11/1995
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 65-0247574	Applied For Not Applicable
23. Zip	25. Country	28. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24. Zip	25. Country	29. Zip	30. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.03? Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
YAZDANBAKHSH, KHASHAYAR 20851 SONETA DR. BOCA RATON FL 33433		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.02 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		Date	
Signature typed in printed block letters and the capitalization of the name of the registered agent (signature typed in block letters)		Date	
12. OFFICERS AND DIRECTORS			
TITLE	D	<input type="checkbox"/> DELETE	
NAME	YAZDANBAKHSH, KHASHAYAR		
STREET ADDRESS	20851 SONETA DR.		
CITY - ST - ZIP	BOCA RATON FL		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
11. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. NAME			
13. STREET ADDRESS			
14. CITY - ST - ZIP			
21. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
22. NAME			
23. STREET ADDRESS			
24. CITY - ST - ZIP			
31. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
32. NAME			
33. STREET ADDRESS			
34. CITY - ST - ZIP			
41. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
42. NAME			
43. STREET ADDRESS			
44. CITY - ST - ZIP			
51. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
52. NAME			
53. STREET ADDRESS			
54. CITY - ST - ZIP			
61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
62. NAME			
63. STREET ADDRESS			
64. CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *K. Yazdanbakhsh* **K. YAZDANBAKHSH** **7/23/96** **(561) 391-8844**
Signature typed in printed block letters and the capitalization of the name of the signing officer or director

CR2E034 (3/96)