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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M25096

(2)

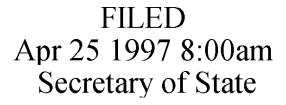
BETTYE J. COX, P.A.

Challenge as all	Diagon o	CO.	 

1055 CAPESTRANO FT LAUDERDALE FL 33326 Mailing Address

1055 CAPESTRANO

FT LAUDERDALE FL 33326-2900





US		US							
					3. Date Incorporated or Qualified 12/27/1985	3a. Date of La 04/19/199			
L	lace of Business	2a. Mailing Address	, ,	_	4. FEI Number		Applied For		
21 820	NORTHSIDE DR	25 820 NORT	H512	E DR	59-2656970		Not Applicable		
Suite, Apt. #, etc.   Suite, Apt. #, etc.   27					5. Certificate of Status Desired		75 Additional e Required		
City & State City & State					6. Election Campaign Financing	\$5.	<b>00</b> May Be		
23 MOUA	T DORA, FI Country TS 7 25 US	28 MOUNT DO	RA.	FL	Trust Fund Contribution	Add	ied to Fees		
Zip	Country	Zip	Cour	ntry	8. This corporation has liability for		er s. 199.032,		
24 337	75 7 25 2/5 9. Name and Address of Currer	29 32757	30	45		Yes No			
		it Hegistered Agent		81 Name	10. Name and Address of New Re	gistered Agent	, , <del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>		
	K, BETTYE J.			Harris					
	5 CAPISTRANO			B2 Street Address (P.O. Box Number is Not Acceptable)					
FI.	LAUDERDALE 33326		Ļ	83		J			
				<b>65</b>					
				84 City		FL 85	Zip Code		
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statut	es, the ab	ove-named	corporation submits this statement for the	ourpose of changi	ng its registered		
office or r agent I a	registered agent, or both, in the State im familiar with, and accept the oblig	ol Florida. Such change was a ations of, Section 607.0505, Flo	authorized orida Statu	by the corp tes.	ocration's board of directors. I hereby acce	pt the appointmen	t as registered		
SIGNATURE	Signature: typed or printed more of registered age	ent and title if applicable (NOT	E: Registered	Agent signature	required when reinstaling)	DATE			
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECT	TORS IN 12		
TITLE	PD	DELETE	1.1 TO	Æ	PD	Char	nge Addition		
NAME	COX, BETTYE J.		1.2 NA	WE	COX, BETTYES.	•			
STREET ADURESS	1055 CAPISTRANO		1.3 ST	EET ADDRESS	820 NORTHSIDE DR				
CITY+ST-ZIP	FT. LAUDERDALE FL		1.4 CIT	Y-ST-ZIP	MOUNT DORA FL 3:	757			
TITLE		☐ DELETE	2 1 TIF	ιE	•	□ Char	nge [] Addition		
NAME			22 NA	ME					
STREET ADDRESS			2.3 ST	REET ADDRESS					
City-St-ZiP			2. 4 Ct	TY-ST-ZIP					
TIFLE		☐ DELETE	3.1 T#T	LE	au ·	Chai	nge 🔲 Addition		
NAMÉ			3.2 NA	ME					
STREET ADDRESS			3.3 \$11	IEET ADDRESS					
CITY+ST-ZIP				IY-ST-ZIP					
THE		☐ DELETE	4,1 T)T	LE		L. Char	nge L Addition		
NAME		•	4. 2 N/	ME					
STREET ADDRESS			4.3 \$T	REET ADDRESS					
CITY - ST - ZIP				Y-ST-ZIP					
TITLE	]	☐ DELETE	5.1 T/T			☐ Char	nge 🔲 Addition		
NAME	1		5.2 NA	ME					
STREET ADDRESS				REET ADDRESS					
CITY-SI-ZIP				Y-ST-ZIP					
TITLE		[] DELETE	6.1 717	LE		☐ Cha	nge L.J. Addition		
NAME			6.2 NA	ME					
STREET ADDRESS			63 ST	REET ADDRESS					
CHY-ST-7(P			64 C/I	Y-ST-ZIP					

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE** 

BUTTON COX 4-18-97 352-735-6946
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