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

SIGNATURE:

PROFIT FLORIDA DEPARTMENT, OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS **19**98 DOCUMENT #
1. Corporation Name M80311 BETTY M. WALES ENTERPRISES, INC. Principal Place of Business Mailing Address 3400 S. OCEAN BLVD. 3400 S. OCEAN BLVD. APT. 2-D DO NOT WRITE IN THIS SPACE PALM BEACH FL 33480 PALM BEACH FL 33480 3. Date Incorporated or Qualified 05/06/1988 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 42-28 19000 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country 8. This corporation owes or has paid the current year Intangible 25 30 Personal Property Tax due June 30. Z Yes ☐ No 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CHAPIN, ROBERT D. 1201 N.E. 8TH ST. Street Address (P.O. Box Number is Not Acceptable) **DELRAY BEACH FL 33483** 83 Zip Code 84 City 11. Pursuant to the provisions of Sections 607,0002 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 heroby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607,0505, Florida Statutes. einstating) OFFICERS AND DIRECTORS 12, 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TILLE Change Addition TITLE NAME WALES, BETTY M. 1.2 NAME 3400 S. OCEAN BLVD. STREET ADDRESS 1.3 STREET ADDRESS PALM BEACH FL CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE Addition Change TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-\$1-7IP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 32 NAME 3 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4 CITY- \$1-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME NAME STREET ADDRESS 5 3 STREET ADORESS CITY-ST-ZIP 5 4 CITY - ST - ZIP DELETE Addition 61 TITLE Change TITLE NAME 6.2 NAME 63 STREET ADDRESS CITY-ST-ZIP 14. Thereby 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 eath; 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