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

**PROFIT** CORPORATION ANNUAL REPORT

1999



Secretary of State

## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

**DIVISION OF CORPORATIONS** 

## FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90018 015 \*\*\*150.00

DOCUMENT # M97404  1. Corporation Name  BETWELL INTERNATIONAL, INC.					
DETANE	L INTERNATIONAL, INC.				
Principal Plac	e of Business	Mailing Address		1 (88/884 ) 14 (8/5) 188/1 818/1 88/5) 819/1 A18	ii arais Bibil arait Bibil arais 1901
8300 NW 103R		P. O. BOX 2577			
HIALEAH GARDENS FL 33016 HIALEAH FL 33012				DO NOT WRITE IN T	UD 00405
03		US		DO NOT WRITE IN TH	IIS SPACE
ļ				08/31/1988	i
2. Principal F	Place of Business	2a. Mailing Address	<del></del>	4. FEI Number	Applied For
21		26		NOT APPLICABLE	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	-		\$8.75 Additional
22		27		5. Certifcate of Status Desired	Fee Required
City & Stat	te <sub>,</sub>	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	25 9. Name and Address of Curren		30	Personal Property Tax.  10. Name and Address of New Registere	Yes No
<del></del>	9. Name and Address of Curren	t Registered Agent	81 Name	To. Name and Address of New Registers	ad Agent
DUNN, LOWELL S.					·
8300 N.W. 103 ST.			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
HIALEAH GARDENS FL 33016			83		
	· `.		<u> </u>		·
			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0503	2 and 607.1508, Florida Statute	s, the above-named corp	poration submits this statement for the purpose	of changing its registered
office or r agent, i a	egistered agent, or both, in the State of Im familiar with, and accept the obligat	of Florida. Such change was autions of, Section 607,0505. Flori	thorized by the corporation	on's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE		,			ļ
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required					
12.	OFFICERS AN	<del></del>	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	P DUMELLS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition l
NAME	DUNN, LOWELL S.	•	1.2 NAME		
STREET ADDRESS	8300 NW 103 ST.   Hialeah Gardens Fl.		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST ST	□ DELETE	1.4 CITY-ST-ZIP	<del></del>	C) Characa C Addition
TITLE	DUNN, BETTY L.	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME,	8300 NW 103 ST.		2.2 NAME		}
STREET ADDRESS	HIALEAH GARDENS FL	٠ - سد .	2.3 STREET ADDRESS		· ·
CITY-ST-ZIP	V	☐ DELETE	2.4 CITY-ST-ZIP		☐ Change ☐ Addition
NAME	DUNN, LOWELL S., II		3.1 TITLE 3.2 NAME		☐ Change ☐ Addition
STREET ADDRESS	0000 AB41 400 OT		3.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH GARDENS FL		3.4. City-St-Zip		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		_	4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	·	ĺ
CITY-ST-ZIP	· · ·		4.4 CITY-ST-ZIP	•	
TITLE		☐ DELETE		9	☐ Change ☐ Addition
NAME	•		5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		ļ
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	-		6.2 NAME		
STREET ADDRESS	, .		6.3 STREET ADDRESS		
CITY, ST. ZIP			6.4 C/TY-ST-ZIP		]

14. I 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, with all other like empowered.

SIGNATURE: