


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

FILED
Feb 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M98397** (6)

1. Corporation Name

BETTER BUSINESS COMMUNICATIONS, INC.

Principal Place of Business

Mailing Address

**3135 39TH AVE. NORTH
STE. #3
ST. PETERSBURG FL 33714**

**3135 39TH AVE. NORTH
STE. #3
ST. PETERSBURG FL 33714**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/14/1988

4. FEI Number

59-2909551

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 **9500 International Ct**

Suite, Apt. #, etc.

22 **# 9525**

City & State

23 **St. Petersburg, FL**

Zip

24 **33716**

Country

25 **USA**

2a. Mailing Address

26 **9500 International Ct**

Suite, Apt. #, etc.

27 **# 9525**

City & State

28 **St. Petersburg, FL**

Zip

29 **33716**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**SANTOPOLO, LEONARD A JR.
5732 BAY ST., NE
ST PETE FL 33703**

10. Name and Address of New Registered Agent

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 607.0502 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **SPANGLER, JOSEPH R.**

STREET ADDRESS **3301 12 ST. NORTH**

CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **VD** ☐ DELETE

NAME **SPANGLER, JOSEPH R.**

STREET ADDRESS **3301 12TH ST., N.**

CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **SD** ☐ DELETE

NAME **SPANGLER, JOSEPH R.**

STREET ADDRESS **3301 12TH STREET, NORTH**

CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **TD** ☐ DELETE

NAME **SANTOPOLO, LEONARD A. JR**

STREET ADDRESS **5732 BAY ST., NE**

CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-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.

SIGNATURE:

Leonard A. Santopolo

1/12/98 813 567-1969

CR2E034 (10/97)