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

PROFIT CCRPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secreta y of State DIVISION OF CORPORATIONS

1999 DOCUMENT # M98412

1. Corporat on Name

BETTON BROKERS REALTORS, INC.

FILED
Apr 29, 1999 8:00 am
Secretary of State
•

04-29-1999 90051 011 ***150.00



Principal Place	e of Business	Mailing Address								
% ELEAZAR T.		% ELEAZAR T. MILEY								
221 EAST 7TH AVENUE		221 EAST 7TH AVENUE				DO NOT WRITE IN THIS SPACE				
TALLAHASSEE	FL 32303	TALLAHASSEE PL 32303	TALLAHASSEE FL 32303			3. Date Incorporated or Qualifed				
						09/14/1988				
2. Principal Pi	tace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For)r
21		26	26			59-2907325 Not Appl			Not Applica	able
Suite, Art.	#, etc.	Suite, Apt. #, etc.	<u> </u>			5 Contifer to of Status Desired \$8.75 Ac ditional				
22		27	27			5. Certificate of Status Desired		Fee	Required	
City & Stat	е	City & State	City & State			6. Election Campaign Financing \$5.00 May Be				
23		28				Trust Fund Contribution			led to Fees	
Zip	Country	Zip	¬ '			8. This corporation owes the curre	nt year In	tangible Yes) (No	
24	25	_ 	29 30			Person at Property Tax. 10. Name and Address of New Re	aistere 1		Pivo	
	9. Name and Address of Curr	em negisiereu Agem		81	Name	ce. Hante are Audiess VI HEW IN	.g.o.o.o d			
MILE	ey, eleazar t.									
	EAST 7TH AVENUE		82 Stre			fress (P.O. Box Number is Not Acceptab	ile)			
TALL	AHASSEE FL 32303			83						\neg
				84	City		FL	85 2	Zip Code	
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statu	es, the a	bove-	named cor	poration submits this statement for the p	urpose of	changing	its register	ed
office or n	egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change was a	uthorized	d by th	he corporat	ion's board of cirectors. I hereby accept	the appo	intment a	s registered	
_	in familiar with, and accept the con	gati xilo ot, occitoti oox tooga, r k								-
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable (NOT)		Agent :	signature requir	ed when reinstating)	DATE			
12.		DEFICERS AND DIRECTORS 13.				ADDITIONS/CHANGES TO OFF	CERS M			
TITLE	D	☐ DELETE	1.1 TI					Char	nge ∐ Ad	JOILION
NAME	MILEY, ELEAZAR T.		1.2 N/							
STREET ADDRESS	221 EAST 7TH AVENUE		1		ADDRESS					
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NAME					ADDRESS	•				1
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TITLE		☐ DELETE	6.1 TI	TLE				Cha	nge 🗌 Ad	dition
NAME			6.2 N	AME						
STREET ADDRESS			6.3 S	TREET	ADDRESS					
			640	ITV OT	710					

14. Heret y certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0"(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.