


# FILE NOW: FILING FEE IS \$61.25

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1996</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N35851 (7)**

1. Corporation Name  
**A BETTER PLACE, INC.**

Principal Place of Business <b>426 FORESTERIA DRIVE LAKE PARK FL 33403</b>	Mailing Address <b>426 FORESTERIA DRIVE LAKE PARK FL 33403</b>
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3. Date Incorporated or Qualified <b>12/21/1989</b>	3a. Date of Last Report <b>06/20/1995</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
23. Zip	28. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		
24. Zip	25. Country			
29. Zip	30. Country			

9. Name and Address of Current Registered Agent <b>LESSER, GARY S 909 NORTH DIXIE HIGHWAY WEST PALM BEACH FL 33401</b>	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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D BURTON, WARREN</b>	1.2 NAME	
STREET ADDRESS	<b>426 FORESTERIA DR.</b>	1.3 STREET ADDRESS	<b>4000001731334</b>
CITY-ST-ZIP	<b>LAKE PARK FL</b>	1.4 CITY-ST-ZIP	<b>-03/04/96--01109--003</b>
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D ROGERS, SANJENA</b>	2.2 NAME	
STREET ADDRESS	<b>407 MICHIGAN PL</b>	2.3 STREET ADDRESS	<b>***70.00</b>
CITY-ST-ZIP	<b>W PALM BCH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D MUNSTER, RICHARD VAN</b>	3.2 NAME	<b>T Treasurer</b>
STREET ADDRESS	<b>28 E 11TH ST.</b>	3.3 STREET ADDRESS	<b>Teresa Wellington</b>
CITY-ST-ZIP	<b>RIVIERA BEACH FL</b>	3.4 CITY-ST-ZIP	<b>426 Foresteria Drive</b>
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>S SKULSZKI, DEBI</b>	4.2 NAME	<b>S DONNA COLE</b>
STREET ADDRESS	<b>730 MILL VALLEY PL</b>	4.3 STREET ADDRESS	<b>3269 FLORIDA BOULEVARD</b>
CITY-ST-ZIP	<b>W PALM BCH FL</b>	4.4 CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33410</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>S Sheila PHILLIP</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>815 HAWTHORNE DR</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>LAKE PARK FL 33403</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>T DAVID MAGRATH</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>3269 FLORIDA BOULEVARD</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33410</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Warren Burton **WARREN BURTON** 1-29-96 407-844-0023  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)