FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORA JON ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Jan 27, 1999 8:00am **Secretary of State**

01-27-1999 90054 001 ****70.00

DOCUMENT # N35851

1. Corporation Name

A BETTER PLACE, INC.

Princi	parri	100 0	n Dusiii
426 F	ORES1	TERIA	DRIVE
LAKE	PARK	FL 3	3403

Mailing Address

426 FORESTERIA DRIVE LAKE PARK FL 33403

	•					· •		, ,	
៲឴	Principal Place of Business	2a.	Mailing Address				3. Date Incorporate 12/21/1989	d or Qualifed	Applied For
21	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.		•		4. FEI Number NOT APPLIC	ABLE	Not Applicable
22	City & State	L	City & State				5. Certifcate of Sta	tus Desired 🏻 🎉	\$8.75 Additional Fee Required
23	Zip Country	28	Zip	Cou	intry		Election Campa Trust Fund Cont		\$5.00 May Be Added to Fees
24	25	29		30	T		10. Name and Add	ress of New Regist	tered Agent
	9. Name and Address of Current	Regi	stered Agent	<u></u>	81	Name	, , , , , , , , , , , , , , , , , , ,		
LESSER, GARY S		82	Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
				83	· ,	,			
	MESI LYTM DEVOLLE 20401				84	City			FL 85 Zip Code
							4 41 44	dament for the num	ACE AT CHANGING ITS TEGISTERED

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.

11. Pursuant	to the provisions of Sections 617.0922 and on the provisions of Sections 617.092 and on Section 617.0503, Floric familiar with, and accept the obligations of, Section 617.0503, Floric familiar with, and accept the obligations of, Section 617.0503, Floric familiar with, and accept the obligations of, Section 617.0503, Floric familiar with, and accept the obligations of, Section 617.0503, Floric familiar with, and accept the obligations of, Section 617.0503, Floric familiar with familiar with familiar with a section of the obligations of the	horized by the corporate la Statutes.	ation's board of directors nereby accept the appointment	Programme Progra	1648	
		tegistered Agent signature req	DATE			
SIGNATURE	Sinnature, typed or printed name or egistored ogethers.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
12.	OFFICERS AND DIRECTORS	13.	9471	Change [Addition	
TITLE	D DELETE	1,1 TITLE		.*		
NAME	BURTON, WARREN	12 NAME	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	•		
STREET ADDRESS		1.3 STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		٠	
CITY-ST-ZIP	I AKE PARK FL	1.4 CITY-ST-ZIP		Change [Addition	
TITLE	TT DELETE	2.1 TITLE		— ·,		
NAME	WELLINGTON, JENEVA	2.2 NAME .			•	
STREET ADORESS	AND CORPOTEDIA DD	2.3 STREET ADDRESS			•	
CITY-ST-ZIP	LAKE PARK EL 33403	2. 4 CITY-ST-ZIP		Change [Addition	
TITLE.	ST DELETE	3.1 TITLE -				
NAME :	1 The second sec	3.2 NAME				
STREET ADDRESS	Construction A. DI VID	3.3 STREET ADDRESS		•		
CITY-ST-ZIP	PALM REACH GARDENS FL 33410	3.4. CITY-ST-ZIP	,	Change	Addition	
TITLE_	ST DELETE.	4.1 TITLE		<u></u>		
NAME	PHILLIP, SHEILA	4.2 NAME	という シェール こうしょう かたい 装算する	二根 经扩展	Melta'	
- だけていかがなぎ	1.0 2.51	4.3 STREET ADDRESS		Plan aud		
STREET ADDRESS	LAKE PARK FL 33403	4.4 CITY-ST-ZIP		☐ Change	Addition	
CITY-ST-ZIP TITLE	DELETE	5.1 TITLE		☐ Change		
NAME		5.2 NAME				
	•	5.3 STREET ADDRESS		٠.		
STREET ADDRESS	s)	5.4 CITY-ST-ZIP		Charge	Addition	
CITY-ST-ZIP	CONTROL OF CASA	6.1 TITLE		☐ Change	T Variable	
TITLE	AND THE THE THE	6.2 NAME			•	
NAME	English and Add (中)	6.3 STREET ADDRESS		•	•	
STREET ADDRES		6.4 CITY-ST-ZIP			-4:	
CITY, ST. 7IP			1 :- Casting 110 07(3)(i) Florida Statutes, I further of	ertify that the info	ormation	

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 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 indicated on this annual report or supplemental 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 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 indicated on the contract 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, with all other like empowered.