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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000000796
 1. Corporation Name
BETTER BUSINESS COUNCIL, INC.

Principal Place of Business 800 MARCUM ROAD SUITE #4 LAKELAND FL 33809 US	Mailing Address 800 MARCUM ROAD SUITE #4 LAKELAND FL 33809 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/10/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3491713 APPLIED FOR
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent ARTMAN, STEPHEN H 906 S FLORIDA AVE, SUITE 102 LAKELAND FL FL338-03	10. Name and Address of New Registered Agent
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
	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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	WOOTON, DAVID 7430 CATHERINE DR. LAKELAND FL 33810	11 TITLE Ed Laderer	12 NAME 2000 E. Edgewood Dr STE 102 LAKELAND FL 33803
TITLE STD	POTTER, KELLY 251 VILLAGE VIEW LANE LAKELAND FL 33809	13 STREET ADDRESS	14 CITY-ST-ZIP
TITLE BD	HAUB, KAREN 3829 PROGRESS DR. LAKELAND FL 33811	21 TITLE	22 NAME
TITLE P	WAS CRAVEN 225 N. Florida LAKELAND 33801	23 STREET ADDRESS	24 CITY-ST-ZIP
TITLE P	Brockman Self 402 So. Kentucky Ave LAKELAND FL 33803	31 TITLE	32 NAME
TITLE P	Allon Fish 309 South Circle Sebring FL 33870	33 STREET ADDRESS	34 CITY-ST-ZIP
		41 TITLE	42 NAME
		43 STREET ADDRESS	44 CITY-ST-ZIP
		51 TITLE	52 NAME
		53 STREET ADDRESS	54 CITY-ST-ZIP
		61 TITLE	62 NAME
		63 STREET ADDRESS	64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment, with an address, with all other like empowered

SIGNATURE: [Signature] SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF MONING OFFICER OR DIRECTOR
 Date: 1-20-97 (941) 853-9115
 Date/Time Phone #

CR2E037 (1/198)