SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000056797 (2)**

1. Corporation Name
BETS ENTERPRISES, INC.

Principal Place of Business
2129 SE 11TH AVE.
CAPE CORAL FL 33990
US

Mailing Address
20129 SE 11 AVE.
CAPE CORAL FL 33990
US

3. Date Incorporated or Qualified: **08/11/1993**
3a. Date of Last Report: **10/23/1995**

2. Principal Place of Business
21 1419 SE 25TH TERRACE
Suite, Apt #, etc. 22
City & State 23 CAPE CORAL FL
Zip 24 33904 Country 25 USA

2a. Mailing Address
26 1419 SE 25TH TERRACE
Suite, Apt #, etc. 27
City & State 28 CAPE CORAL FL
Zip 29 33904 Country 30 USA

4. FEI Number: **65-0430596** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
SHOEMAKER, JOHN K P.A.
2058 COTTAGE STREET
FT. MYERS FL 33901

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title, if applicable

12. OFFICERS AND DIRECTORS

TITLE	VP	☐ DELETE
NAME	FARRELL, TIMOTHY J	
STREET ADDRESS	2129 SE 11TH AVE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	VP	☐ DELETE
NAME	FARRELL, DANIEL E	
STREET ADDRESS	2129 SE 11TH AVE.	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	VP	☐ DELETE
NAME	FARRELL, M ARY M	
STREET ADDRESS	2129 SE 11TH AVE.	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	P	☐ DELETE
NAME	FARRELL, JOHN T	
STREET ADDRESS	2129 SE 11TH AVE.	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	ST	☐ DELETE
NAME	FARRELL, BETSY A	
STREET ADDRESS	2129 SE 11TH CT	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	☑ Change ☐ Addition
1.2 NAME	FARRELL, TIMOTHY J	
1.3 STREET ADDRESS	1419 SE 25TH TER	
1.4 CITY-ST-ZIP	CAPE CORAL, FL	
2.1 TITLE	VP	☑ Change ☐ Addition
2.2 NAME	FARRELL, DANIEL E	
2.3 STREET ADDRESS	1419 SE 25TH TER	
2.4 CITY-ST-ZIP	CAPE CORAL, FL	
3.1 TITLE	VP	☑ Change ☐ Addition
3.2 NAME	FARRELL, MARY E	
3.3 STREET ADDRESS	1419 SE 25TH TER	
3.4 CITY-ST-ZIP	CAPE CORAL, FL	
4.1 TITLE	P	☑ Change ☐ Addition
4.2 NAME	FARRELL, JOHN T	
4.3 STREET ADDRESS	1419 SE 25TH TER	
4.4 CITY-ST-ZIP	CAPE CORAL FL	
5.1 TITLE	ST	☑ Change ☐ Addition
5.2 NAME	FARRELL, BETSY A	
5.3 STREET ADDRESS	1419 SE 25TH TER	
5.4 CITY-ST-ZIP	CAPE CORAL FL	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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: Betsy A Farrell BETSY A. FARRELL 7-17-96 941 772 1299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
SEC/TRES

0171548 FP