

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

Mailing Address

2129 SE 11TH AVE.
 CAPE CORAL FL 33990
 US

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

2a. Mailing Address

21 **1419 SE 35TH TERRACE**
 Suite, Apt #, etc.

26 **1419 SE 35TH TERRACE**
 Suite, Apt #, etc.

4. FEI Number: **65-0430596**
 Applied For: Not Applicable

22 City & State

27 City & State

23 **CAPE CORAL FL**

28 **CAPE CORAL FL**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

24 Zip

25 Country

29 Zip

30 Country

33904

USA

33904

USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**SHOEMAKER, JOHN K P.A.
 2058 COTTAGE STREET
 FT. MYERS FL 33901**

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

12. OFFICERS AND DIRECTORS DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE: **VP**
 NAME: **FARRELL, TIMOTHY J**
 STREET ADDRESS: **2129 SE 11TH AVE**
 CITY-ST-ZIP: **CAPE CORAL FL**

1.1 TITLE: **VP**
 1.2 NAME: **FARRELL, TIMOTHY J**
 1.3 STREET ADDRESS: **1419 SE 35TH TER**
 1.4 CITY-ST-ZIP: **CAPE CORAL FL**

TITLE: **VP**
 NAME: **FARRELL, DANIEL E**
 STREET ADDRESS: **2129 SE 11TH AVE.**
 CITY-ST-ZIP: **CAPE CORAL FL**

2.1 TITLE: **VP**
 2.2 NAME: **FARRELL, DANIEL E**
 2.3 STREET ADDRESS: **1419 SE 35TH TER**
 2.4 CITY-ST-ZIP: **CAPE CORAL FL**

TITLE: **VP**
 NAME: **FARRELL, MARY M**
 STREET ADDRESS: **2129 SE 11TH AVE.**
 CITY-ST-ZIP: **CAPE CORAL FL**

3.1 TITLE: **VP**
 3.2 NAME: **FARRELL, MARY E**
 3.3 STREET ADDRESS: **1419 SE 35TH TER**
 3.4 CITY-ST-ZIP: **CAPE CORAL, FL**

TITLE: **P**
 NAME: **FARRELL, JOHN T**
 STREET ADDRESS: **2129 SE 11TH AVE.**
 CITY-ST-ZIP: **CAPE CORAL FL**

4.1 TITLE: **P**
 4.2 NAME: **FARRELL, JOHN T**
 4.3 STREET ADDRESS: **1419 SE 35TH TER**
 4.4 CITY-ST-ZIP: **CAPE CORAL FL**

TITLE: **ST**
 NAME: **FARRELL, BETSY A**
 STREET ADDRESS: **2129 SE 11TH CT**
 CITY-ST-ZIP: **CAPE CORAL FL**

5.1 TITLE: **ST**
 5.2 NAME: **FARRELL, BETSY A**
 5.3 STREET ADDRESS: **1419 SE 35TH TER**
 5.4 CITY-ST-ZIP: **CAPE CORAL FL**

TITLE: DELETE

6.1 TITLE: Change Addition

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 Designation

CR2E034 (3/96)