


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 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 1419 SE 25TH TERRACE CAPE CORAL FL 33904 US		Mailing Address 1419 SE 25TH TERRACE CAPE CORAL FL 33904-5776 US	
2. Principal Place of Business		2a. Mailing Address	
21 Suite Apt # etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip Country		28 Zip Country	
24		29	
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	
85 Zip Code		FL	
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 _____ (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE <input type="checkbox"/> DELETE		13.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.2 NAME FARRELL, TIMOTHY J		13.2 NAME	
12.3 STREET ADDRESS 1419 SE 25TH TERRACE		13.3 STREET ADDRESS	
12.4 CITY-ST-ZIP CAPE CORAL FL		13.4 CITY-ST-ZIP	
12.5 TITLE <input type="checkbox"/> DELETE		13.5 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.6 NAME FARRELL, DANIEL E		13.6 NAME	
12.7 STREET ADDRESS 1419 SE 25TH TERRACE		13.7 STREET ADDRESS	
12.8 CITY-ST-ZIP CAPE CORAL FL		13.8 CITY-ST-ZIP	
12.9 TITLE <input type="checkbox"/> DELETE		13.9 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.10 NAME FARRELL, MARY M		13.10 NAME	
12.11 STREET ADDRESS 1419 SE 25TH TERRACE		13.11 STREET ADDRESS	
12.12 CITY-ST-ZIP CAPE CORAL FL		13.12 CITY-ST-ZIP	
12.13 TITLE <input type="checkbox"/> DELETE		13.13 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.14 NAME FARRELL, JOHN T		13.14 NAME	
12.15 STREET ADDRESS 1419 SE 25TH TERRACE		13.15 STREET ADDRESS	
12.16 CITY-ST-ZIP CAPE CORAL FL		13.16 CITY-ST-ZIP	
12.17 TITLE <input type="checkbox"/> DELETE		13.17 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.18 NAME FARRELL, BETSY A		13.18 NAME	
12.19 STREET ADDRESS 1419 SE 25TH TERRACE		13.19 STREET ADDRESS	
12.20 CITY-ST-ZIP CAPE CORAL FL		13.20 CITY-ST-ZIP	
12.21 TITLE <input type="checkbox"/> DELETE		13.21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.22 NAME		13.22 NAME	
12.23 STREET ADDRESS		13.23 STREET ADDRESS	
12.24 CITY-ST-ZIP		13.24 CITY-ST-ZIP	
12.25 TITLE <input type="checkbox"/> DELETE		13.25 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.26 NAME		13.26 NAME	
12.27 STREET ADDRESS		13.27 STREET ADDRESS	
12.28 CITY-ST-ZIP		13.28 CITY-ST-ZIP	
14. I do hereby certify that the information supplied with this filing does not qualify for the exception 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: <i>Betsy A. Farrell</i>		RECEIVED BY: A. FARRELL	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



CR2E034 (9/96)

PLEASE SIGN & DATE