

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

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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
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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 33804-5778 US
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3. Date Incorporated or Qualified 08/11/1993	3a. Date of Last Report 07/22/1996
4. FEI Number 65-0430596	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARRELL, TIMOTHY J	1.2 NAME	
STREET ADDRESS	1419 SE 25TH TERRACE	1.3 STREET ADDRESS	
CITY- ST- ZIP	CAPE CORAL FL	1.4 CITY- ST- ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARRELL, DANIEL E	2.2 NAME	
STREET ADDRESS	1419 SE 25TH TERRACE	2.3 STREET ADDRESS	
CITY- ST- ZIP	CAPE CORAL FL	2.4 CITY- ST- ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARRELL, M ARY M	3.2 NAME	
STREET ADDRESS	1419 SE 25TH TERRACE	3.3 STREET ADDRESS	
CITY- ST- ZIP	CAPE CORAL FL	3.4 CITY- ST- ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARRELL, JOHN T	4.2 NAME	
STREET ADDRESS	1419 SE 25TH TERRACE	4.3 STREET ADDRESS	
CITY- ST- ZIP	CAPE CORAL FL	4.4 CITY- ST- ZIP	
TITLE	ST <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARRELL, BETSY A	5.2 NAME	
STREET ADDRESS	1419 SE 25TH TERRACE	5.3 STREET ADDRESS	
CITY- ST- ZIP	CAPE CORAL FL	5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 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: *Betsy A. Farrell* **REQUIRSY A. FARRELL** (941) 772-1299
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

PLEASE SIGN & DATE