

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

FILED

**May 01 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

08/11/1993

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 owes or has paid the current year Intangible Personal Property Tax due June 30. 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

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

12. OFFICERS AND DIRECTORS DELETE

TITLE **VP**
NAME **FARRELL, TIMOTHY J**
STREET ADDRESS **1419 SE 25TH TERRACE**
CITY-ST-ZIP **CAPE CORAL FL**

TITLE **VP**
NAME **FARRELL, DANIEL E**
STREET ADDRESS **1419 SE 25TH TERRACE**
CITY-ST-ZIP **CAPE CORAL FL**

TITLE **VP**
NAME **FARRELL, M ARY M**
STREET ADDRESS **1419 SE 25TH TERRACE**
CITY-ST-ZIP **CAPE CORAL FL**

TITLE **P**
NAME **FARRELL, JOHN T**
STREET ADDRESS **1419 SE 25TH TERRACE**
CITY-ST-ZIP **CAPE CORAL FL**

TITLE **ST**
NAME **FARRELL, BETSY A**
STREET ADDRESS **1419 SE 25TH TERRACE**
CITY-ST-ZIP **CAPE CORAL FL**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **D/P/S/T**
5.2 NAME **FARRELL, BETSY A.**
5.3 STREET ADDRESS **1419 S.E. 25TH TERRACE**
5.4 CITY-ST-ZIP **CAPE CORAL, FLORIDA 33904**

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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*

BETSY A. FARRELL, PRES.

(941) 772-1299

CR2E034 (10/97)