FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

P94000000851 (3)

DOCUMENT # P9400000851 (3) 1. Corporation Name						
BETTE	r Personnel MgMT, Inc.				 	
Principal Place of Business Mailing Address						(881/1 88/11 86/11) 88/81 18/81 81/81 (441 188)
412 NE 25TH ST FT LAUDERDALE FL 33305		412 NE 25TH ST FT LAUDERDALE FL 33305				
					3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Place of Business		20 Mail as Address	2a. Mailing Address		01/05/1994 4. FEI Number	03/28/1995
21 499 E SHERIDAN.		26 Zei Marrig Acaress		65-0456928	Applied For Not Applicable	
Suite, Apt.	#, elc.	Suite, Apt. #, etc.			\$8.75 Additional	
22 310		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23 DANIA FL		28			Trust Fund Contribution	Added to Fees
ZID COUNTRY BROWARD		Zip Count 30 Count			This corporation has liability for intangible tax under s 199.032, Florida Statutes	
	9. Name and Address of Current	Registered Agent	1301		10. Name and Address of New F	<i>T</i> -\
			81	Name	10. 114110 010 11001030 01 11011	inglistered Agent
GAUTHI	er, denis		80	Charact Add	(DA) Day North and Mark Annual L	
412 NE 25TH ST			82	Street Addr	ress (P.O. Box Number is Not Acceptable SHFRIOA	
	DERDALE FL 33305		83			
			84	City		12-1 - 6
				DΔ	SIA	FL 85 Zip Code 3 5 60 4
	o the provisions of Sections 607.0502 and agent, or both, in the State of Floridath, and accept the obligations of, Section			amod aomo	ration submits this statement for the pur rd of directors. I hereby accept the appe	
SIGNATURE _						
12.			³⁷ E. Rigistered Agent	signature require		STAC
TITLE	D OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	<u></u>
NAME	GAUTHIER, DENIS		1.2 NAME			Change Addition
STREET ADDRESS	412 NE 25TH ST		13 STREET ADDRESS			
City-St-ZiP	FT LAUDERDALE FL 33305		14 CITY-ST			
TITLE		☐ DELFIE	2 1 TITLE			Change Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET A	DDRESS		
CITY-ST-ZIP			2 4 OHY - ST	- Z(P		
TITLE		☐ DELETE	3 1 TITLE			Change Addition
NAME			3 2 NAME			
STREET ADDRESS			3.3 STREET	ACORESS		
CITY-ST-ZIF		DELETE	34 CHTY-ST	7IP		
TITLE			4 1 TOTLE			☐ Change ☐ Addition
NAME STREET ADDRESS			4.2 NAME			
CITY-ST-ZIP			4.3 STREET A	1		
TIBLE		DELETE	4.4 City - ST 5.1 THE	ZIF'		Change El Addition
NAME			5.2 NAME			Change Addition
STREET ADDRESS			5 3 STREET A	DORESS		
CITY-S!-ZIP	-		5.4 Cily - ST	1		
TITLE		DELFTE	6 1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			63 STREET A	DDRESS		
CITY-ST-ZIP			6.4 CHY-ST-	712		

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attractment of an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Other Priorie 3/13/96 954-925-0435