

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

FILED
Apr 09 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P94000004606 (7)

1. Corporation Name
BETTER BUSINESS RELATIONS, INC.



| | |
|---|--|
| Principal Place of Business 7310 W MCNAB RD STE 208 TAMARAC FL 33321 US | Mailing Address 7310 W MCNAB RD STE 208 TAMARAC FL 33321-5328 US |
|---|--|

| | |
|--|--|
| 3. Date Incorporated or Qualified 01/10/1994 | 3a. Date of Last Report 04/02/1996 |
|--|--|

| | |
|---|--|
| 2. Principal Place of Business 21 8484 NW 78 CT. Suite, Apt. #, etc. | 2a. Mailing Address 26 8484 NW 78 CT. Suite, Apt. #, etc. |
| 22 City & State TAMARAC, FL | 27 City & State TAMARAC, FL |
| 23 Zip 33321-1613 | 24 Country BROWARD |
| 25 Zip 33321-1613 | 26 Country BROWARD |

| | |
|--|---------------------------------------|
| 4. FEI Number 65-0462074 | 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 | |

9. Name and Address of Current Registered Agent
MCKENNA, DAWN M
7310 W MCNAB RD
STE 208
TAMARAC FL 33321

10. Name and Address of New Registered Agent
 81 Name **MCKENNA, DAWN M.**
 82 Street Address (P.O. Box Number is Not Acceptable)
8484 NW 78 CT.
 83 **#**
 84 City **TAMARAC** FL 85 Zip Code **33321-1613**

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 *Dawn M. McKenna* **DAWN M. MCKENNA, PRESIDENT** **4-4-97**
Signature of officer or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | DELETE |
|----------------------------|--------------------------------|--------------------------|
| TITLE | PSTD | <input type="checkbox"/> |
| NAME | MCKENNA, DAWN | |
| STREET ADDRESS | 7310 W MCNAB RD STE 208 | |
| CITY-ST-ZIP | TAMARAC FL | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | Change | Addition |
|---|-------------------------------|-------------------------------------|--------------------------|
| 1.1 TITLE | PSTD | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 1.2 NAME | MCKENNA, DAWN M. | | |
| 1.3 STREET ADDRESS | 8484 NW 78 CT. | | |
| 1.4 CITY-ST-ZIP | TAMARAC, FL 33321-1613 | | |
| 2.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2 NAME | | | |
| 2.3 STREET ADDRESS | | | |
| 2.4 CITY-ST-ZIP | | | |
| 3.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2 NAME | | | |
| 3.3 STREET ADDRESS | | | |
| 3.4 CITY-ST-ZIP | | | |
| 4.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 NAME | | | |
| 4.3 STREET ADDRESS | | | |
| 4.4 CITY-ST-ZIP | | | |
| 5.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY-ST-ZIP | | | |
| 6.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.2 NAME | | | |
| 6.3 STREET ADDRESS | | | |
| 6.4 CITY-ST-ZIP | | | |

14. I do 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: *Dawn M. McKenna* **DAWN M. MCKENNA** **4/4/97** **(954) 720-1178**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)