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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Socretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

P94000015676 (7)

| BETONE, INC. | | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------|-----------|------------------|--------------------------------------------------------------------------------------------|------------|------------------------|--------------------------|
| Principal Place of Business | Mailing Address | | | | { | | 301 \$1HO \$61 | 10 40010 OHT 1001 |
| 5012 STERLING MANOR DRIVE 5012 STERL TAMPA FL 33647 TAMPA FL | | ERLING MANOR DRIVE FL 33647 | | | · | | | |
| | | | | | 3. Date Incorporated or Qualified 02/24/1994 | | e of Last F 1/19/19 | • |
| 2. Principal Place of Business | 2a, Mailing Address | | | | 4. FEI Number | | | Applied For |
| Suite, Apt #, etc. | Suite, Apt. #, etc. | | | | 59-3233136 | | 60.7 | Not Applicable |
| 22 | 27 | | | | 5. Certificate of Status Desired | | | 5 Additional Required |
| City & State | City & State | | | | 6. Election Campaign Financing | | | 0 May Be |
| 28 | | | | | 1 rust Fund Contribution Added to Fees | | | |
| Zip Country Zip | | Country | | | 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes | | | |
| 24 25 25 Name and Address of Curr | 29 ent Registered Agent | 30 | | | Florida Statutes Yes 10. Name and Address of New R | | Agent | |
| g, traile bit Address of Coll | ent neglistered Agent | | 61 | Name | 10, Italia alla Radiess di Italia | ogietei eu | Agont | |
| BOARD, JAMES H | | | | | (DO D- N | | | |
| 5012 STERLING MANOR DRIVE | | | 82 | Street Addres | ss (P.O. Box Number is Not Acceptate | Ю | | |
| TAMPA FL 33647 | | | 83 | | | | - | , |
| | | | 84 | City | | FI | 8 5 2 | ip Code |
| Pursuant to the provisions of Sections 607.05 or registered agent, or both, in the State of Figure 1. Signature based or printed rapid of registered agents. | ection 607.0505, Florida Statuti ent and title it applicable (() | 9S. NOTE: Registered | | coration's board | nfen reinstating) | DATE | | |
| BAT | ND DIRECTORS | 13. | 7. 5 | | ADDITIONS/CHANGES TO OFF | | D DIRECT Change | ORS IN 12 Addition |
| NAME BOARD, JAMES H | | 1. 1 Ti 1.2 N/ | | | | | [] Change | CT MODITION |
| STREET ADDRESS 5012 STERLING MANOR D | RIVE | | | T ADDRESS | | | | |
| CHY-S'-ZP TAMPA FL 33647 | | l l | | ST - ZIP | | | | |
| DLE | ☐ DELETE | 2 1 T | | | | | ☐ Change | Addition |
| NAME | | 2 2 N | 2 2 NAME | | | | | |
| STREET ADDRESS | | 23\$1 | REET | T ADDRESS | | | | |
| C-1 y - S1 - 7/P | ☐ DELETE | | | ST-ZIP | | | Change | C) Addition |
| THE | | 3.1 % 3.2 N/ | | | | | ☐ change | Addition |
| NAME STREET ADDRESS | | | | T ADDRESS | | | | |
| CITY-SI-ZIF | | | | ST - ZIP | | | | |
| TILLE | DELETE | 4.11 | | | | | ☐ Change | Addition |
| NAME | | 4.2 N | ME | | | | | |
| SIRELL ADDRESS | | 4.3 ST | REE | T ADDRESS | | | | |
| C(1Y - S1 - 2)F | | 440 | TY - 9 | ST-ZIP | | | | |
| THE | ☐ DELETE | 5 1 T | 5 1 TITLE | | | | ☐ Change | ☐ Addition |
| NAME | | 52 N | | 1 | | | | |
| SUBELL ADDRESS | | | | T ADDRESS | | | | |
| 00×-\$1-7/2 | DELETE | 54 Cl | _ | ST-ZIP | | | Change | ☐ Addition |
| NAME | [] bester | 62 N | | | | | r viewing | C) Montroll |
| STREET ADDRESS | | | | T ADDRESS | | | | |
| CITY - ST - ZIP | | | | ST-ZIP | | | | |
| 14. I do hereby certify that the information supplie | d with this files is voluntarily for | | | | r the exemption stated in Section 110 | 07/31/k) F | lorida Stat | atan I further |

(4.) 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), Fiorida 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 logal effect as if made under callit, 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, Fiorida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JAMES H. B. ARA JAMES NAME SIGNATURE NAME SIGNATURE AND THE DESCRIPTION OF SIGNATURE AND THE SIGNATURE AND TH

NA STELLER OF DIRECTOR

1-15-96 (813) 972.5263