SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $370)

PROFIT CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 JUL 20 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000048849 (1)**

1. Corporation Name
BETTER OPPORTUNITY FUND, INC.

Principal Place of Business	Mailing Address
%URBAN LEAGUE OF PALM BEACH COUNTY 1700 N. AUSTRALIAN AVE. WEST PALM BEACH FL 33407	%URBAN LEAGUE OF PALM BEACH COUNTY 1700 N. AUSTRALIAN AVE. WEST PALM BEACH FL 33407

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/24/1994
3a. Date of Last Report:

21 2. Principal Place of Business	26 2a. Mailing Address
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

4. FEI Number — ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BROWN, MICHAEL D
2000 PALM BEACH LAKES BLVD.
SUITE 511
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 2655 N. Ocean Drive, Suite 200
83
84 City: Riviera Beach, FL 85 Zip Code: 33404

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	BROWN, MICHAEL D	1.2 NAME	M Brown, Michael D.
STREET ADDRESS	2000 PALM BEACH LAKES BLVD., SUITE 511	1.3 STREET ADDRESS	2655 N. Ocean Drive, Suite 200
CITY-ST-ZIP	WEST PALM BEACH FL 33409	1.4 CITY-ST-ZIP	Riviera Beach, FL 33404
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	DOMINICI, GEORGE	2.2 NAME	
STREET ADDRESS	316 ROYAL POINCIANA WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33480	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	HOWARD, JOHN	3.2 NAME	
STREET ADDRESS	2001 BROADWAY, SUITE 301	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33404	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	MURRAY, ROSALIND	4.2 NAME	
STREET ADDRESS	2001 BROADWAY, SUITE 301	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33404	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	STARR, THYRA	5.2 NAME	
STREET ADDRESS	124 S. SEQUOIA DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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: Michael D. Brown — 7-3-95 — (407)848-4306
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0092833 CF