SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P94000085338 (9)

1. Corporation Name

BETTER BUSINESS BUYWAYS, INC.

Principal Place of Business: ~~609 COURT ST. CLEARWATER FL 34616~~ 990 Broadway

Mailing Address: ~~609 COURT ST. CLEARWATER FL 34616~~

3. Date Incorporated or Qualified: 11/22/1994
3a. Date of Last Report: 03/15/1995

2. Principal Place of Business: 21 990 Broadway; Suite, Apt #, etc 22 Suite D; City & State 23 Dunedin Fl; Zip 24 34698; County 25 Pinellas

2a. Mailing Address: 26 990 Broadway; Suite, Apt #, etc 27 Suite D; City & State 28 Dunedin Fl; Zip 29 34698; County 30 Pinellas

4. FEI Number: ~~APPLIED FOR~~ 59-3301632 — 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

~~KRUG, STEWART L~~
~~609 COURT ST.~~
~~CLEARWATER FL 34616~~

10. Name and Address of New Registered Agent

81 Name: Loraine M. Jones
82 Street Address (P.O. Box Number is Not Acceptable): 990 Broadway
83 Suite D
84 City: Dunedin FL 85 Zip Code: 34698

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: Loraine M. Jones (signature) — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) — DATE: 7/1/96

12. OFFICERS AND DIRECTORS

TITLE	DPST	☐ DELETE
NAME	HASSELKUS, JURGEN	
STREET ADDRESS	~~609 COURT ST.~~	
CITY-ST-ZIP	~~CLEARWATER FL 34616~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☑ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	990 Broadway, Suite D	
1.4 CITY-ST-ZIP	Dunedin Fl 34698	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: (signature) — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 7/1/96 — Daytime Phone #