

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000084486 (6)**

1. Corporation Name

BETZ-HARLAN ENTERPRISES, INC.



Principal Place of Business

729 MALIBU LANE
INDIALANTIC FL 32903

Mailing Address

729 MALIBU LANE
INDIALANTIC FL 32903

3. Date Incorporated or Qualified 10/30/1995	3a. Date of Last Report First
4. FEI Number 59-3348991	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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	

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

9. Name and Address of Current Registered Agent

**BETZ, RICHARD N
729 MALIBU LANE
INDIALANTIC FL 32903**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	FL	85 Zip Code
---------	---	----	---------	----	-------------

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 607.0506, Florida Statutes.

SIGNATURE

Signature of person performing registration (Applicant)

Signature of Registered Agent (signature required when registering)

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: D NAME: BETZ, RICHARD N STREET ADDRESS: 729 MALIBU LANE CITY-STATE-ZIP: INDIALANTIC FL 32903	1.1 TITLE: P/T 1.2 NAME: 1.3 STREET ADDRESS: 1.4 CITY-STATE-ZIP:
TITLE: <input type="checkbox"/> DELETE	2.1 TITLE: D/VP/S 2.2 NAME: Betz Winfred Harlan 2.3 STREET ADDRESS: 729 Malibu Lane 2.4 CITY-STATE-ZIP: INDIALANTIC FL 32903
TITLE: <input type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-STATE-ZIP:
TITLE: <input type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-STATE-ZIP:
TITLE: <input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-STATE-ZIP:
TITLE: <input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-STATE-ZIP:

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 attachment with an address.

SIGNATURE: *Richard N Betz* **Richard N Betz** **2/3/96** **(407) 773 0078**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE NUMBER

CR2E034 (12/95)