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FILED

**Jan 15 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 32903-3617**

3. Date Incorporated or Qualified: **10/30/1995**
3a. Date of Last Report: **02/08/1996**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number: **59-3348991**
Applied For: Not Applicable

22. Suite, Apt #, etc

27. Suite, Apt #, etc.

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23. City & State

28. City & State

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

24. Zip

25. Country

29. Zip

30. Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 607.0505 Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DPT <input type="checkbox"/> DELETE
NAME	BETZ, RICHARD N
STREET ADDRESS	729 MALIBU LANE
CITY-ST-ZIP	INDIALANTIC FL
TITLE	DVS <input type="checkbox"/> DELETE
NAME	BETZ, WINIFRED HARLA
STREET ADDRESS	729 MALIBU LANE
CITY-ST-ZIP	INDIALANTIC FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Rick N. Betz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/96 407 773 0078
Date: Day/No Phone #

CR2E034 (9/96)