## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## P95000084486 **DOCUMENT #**

Corporation Name

Principal Place of Business

BETZ-HARLAN ENTERPRISES, INC.

| 729 MALIBU LAN<br>INDIALANTIC FL                   | 729 MALIBU LANE<br>INDIALANTIC FL 32903   |  |                       | DO NOT WRITE IN THIS SPACE    |  |  |                            |                          |
|--|---|--|-----------------------|-------------------------------|--|--|----------------------------|--------------------------|
|  |   |  |                       |                               | <ol><li>Date Incorporated or Qualife<br/>10/30/1995</li></ol>  | d .                                    |                            |                          |
| 2. Principal Place of Business 2a. Mailing Address |   |  |                       | -                             | 4. FEI Number  |  |                            | lied For                 |
| 2. (   |   | 26   |                       |                               | 59-3348991   |  |                            | Applicable               |
| Suite, Apt. #                                      | etc.  | Suite, Apt. #, etc.  |                       |                               | 5. Certifcate of Status Desired  | {                                      | 8.75 A                     |                          |
| 2  | ,   | 27   |                       |                               | 3. Certificate of otolico Dooriou  |  | Fee Rec                    | uired                    |
| City & State                                       |   | City & State   |                       | •                             | 6. Election Campaign Financin  | <sup>9</sup> $\square$                 | \$5.00 N                   |                          |
| 13   |   | 28   |                       |                               | Trust Fund Contribution  |  | Added to                   | Fees                     |
| Zip  | Country   | Zip  | Country               | <i>'</i>                      | 8. This corporation owes the co  | urrent year Intang                     | ble                        | ۱                        |
| 24   | 25  | 29 3   | 0                     |                               | Personal Property Tax.   |  |                            | □No                      |
| <u></u>  | 9. Name and Address of Curre  | nt Registered Agent  |                       |                               | 10. Name and Address of Nev  | v Registered Age                       | ent                        |                          |
|  |   |  | 81                    | Name                          |  |  |                            |                          |
|  | , RICHARD N<br>MALIBU LANE  |  | 82                    | Street Add                    | ress (P.O. Box Number is Not Acce  | ptable)                                | <u> </u>                   | (                        |
|  | LANTIC FL 32903   |  | 83                    |                               |  |  |                            | 200<br>173               |
|  |   |  | 84                    |                               | The state of the s |  | 35 Zip C                   |                          |
| 11. Pursuant to                                    | o the provisions of Sections 607.05   | 02 and 607.1508, Florida Statutes<br>of Florida. Such change was aut | the above             | e-named corp<br>the corporati | poration submits this statement for toon's board of directors. I hereby ac   | he purpose of cha<br>cept the appointm | inging its i<br>ent as reg | registered i<br>listered |
| agent. i an  | egistered agent, or both, in the State<br>n familiar with, and accept the oblig | addition, addition activities,                                       |                       |                               |  |  |                            | -                        |
| SIGNATURE  | Signature, typed or printed name of registered ag-                              | ent and title if applicable. (NOTE: R                                | Registered Age        | ent signature require         | ed when reinstating)   | DATE                                   | NDECTO                     | 20 INI 12                |
| 12.  |   | ND DIRECTORS   | 13.                   |                               | ADDITIONS/CHANGES TO   |  | Change                     | Addition                 |
| TITLE  | DPT   | ☐ DELETE   | · 1.1 TITLE           |                               |  | ٠. ٢                                   | Johange                    |                          |
| NAME   | BETZ, RICHARD N   | •  | 1.2 NAME              |                               |  |  |                            |                          |
| STREET ADDRESS                                     | 729 MALIBU LANE   |  | 1.3 STREI             | ET ADDRESS                    |  |  |                            | '                        |
| CITY-ST-ZIP  | INDIALANTIC FL  | ·  | 1.4 CITY-             | ST-ZIP                        |  |  |                            | Addition                 |
| TITLE  | DVS   | ☐ DELETE   | 2.1 TITLE             |                               |  | L                                      | Change                     | ☐ Addition               |
| NAME   | BETZ, WINIFRED HARLA  |  | 2.2 NAME              |                               |  |  |                            |                          |
| STREET ADDRESS                                     | 729 MALIBU LANE   |  | 2.3 STRE              | ET ADDRESS                    |  | '                                      |                            |                          |
|  | INDIALANTIC FL  | Page to the second   | 2. 4 CITY             | -ST-ZIP                       |  |  |                            |                          |
| CITY-ST-ZIP  | INDIAL TATTO  | ☐ DELETE   | 3.1 TITLE             |                               |  |  | ] Change                   | Addition                 |
| 94.5   |   |  | 3.2 NAME              |                               | ·  |  | •                          |                          |
| NAME ( "   | •   | •  |                       | ET ADDRESS                    |  |  |                            | 2. 李军(14)                |
| STREET ADDRESS                                     | Vince to the second   |  | 3.4. CITY             | i                             |  | <u> </u>                               | <u>. 10. 200</u>           |                          |
| CITY-ST-ZIP  |   | [ ] DELETE   | 4.1 TITLE             |                               |  | . [                                    | Change                     | ☐ Addition               |
| TITLE  |   | <u> </u>   | 4.2 NAM               |                               |  |  |                            |                          |
| NAME   |   |  |                       | ET ADDRESS                    |  |  |                            |                          |
| STREET ADDRESS                                     | ·   | 122  | 4.4 CITY              |                               | •  |  |                            |                          |
| CITY-\$T-ZIP                                       |   | □ DELETE   | 5.1 TITLE             |                               |  |  | Change                     | Addition                 |
| TITLE  |   | . DECE 15  | 5.1 IIILE<br>5.2 NAMI | 3                             |  |  | •                          |                          |
| NAME   |   | •  |                       | ET ADDRESS                    |  |  |                            |                          |
| STREET ADDRESS                                     |   |  | 5.4 CITY              |                               | Pr   |  |                            |                          |
| CITY+ST-ZIP  | 4.  |  | 6.1 TITLE             |                               |  | <del></del>                            | Change                     | Addition                 |
| TITLE  | 31 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A  | ☐ DELETE   |                       |                               |  | ı                                      |                            | -                        |
| NAME   |   |  | 6.2 NAM               |                               |  |  |                            |                          |
| STREET ADDRESS                                     |   |  |                       | ET ADDRESS                    |  |  |                            | •                        |
|  | [ " '   |  | 6.4 CITY              | -ST-ZIP                       |  |  |                            |                          |

SIGNATURE:

14. I 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, with all other like empowered.

**FILED** 

Jan 28, 1999 8:00am

**Secretary of State** 

01-28-1999 90049 035 \*\*\*150.00