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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600037016 (8)

TERENCE A. BETTERIDGE & ASSOCIATES, INC.

Principal Place of Business Mailing Address
4360 NORTHLAKE BLVD SUITE 205
PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410-8265

FILED Mar 12 1997 8:00am Secretary of State



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Suite, And if note City & State City & S						 Date Incorporated or Qualified 04/25/1996 	3a. Date of Last Repo	rt
Suite, Apr. # etc Suite,							Applie	d For
Suito, Ant. # ctc Suito, Apt. #, etc.	21 26					65-0674657	Not Ar	oplicable
City & State City	Suite, Apt. # etc. Suite, Apt. #, e						60 7F	
28						6. Certificate of Status Desired	Fee Requir	red
28	·	City & State			6. Election Campaign Financing	\$5.00 Ma	v Be	
28			28			Trust Fund Contribution		
MARTIN E. WASHOFSKY, E.A., P.A. 4360 NORTHLAKE BLVD SUITE 205 PALM BEACH GARDENS FL 33410 81	· ·	Country	Zip	Countr	у	8. This corporation has liability for	intangible tax under s. 199	9.032,
MARTIN E. WASHOFSKY, E.A., P.A. 4360 NORTHLAKE BLVD SUITE 205 PALM BEACH GARDENS FL 33410 82 Sirver Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 11. Fursuant 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 regist office or registered agent or both, in the State of Fonda Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regists agent. Fam fair fair with, and accept the obligations of, Section 607.0506, Florida Statutes. SIGNATURE SIGNATURE Systems, Systems and Registered agent appointment of August and August	24			30		Florida Statutes	Yes No	
### August 10 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 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 am fan har with, and accept the obligations of, Section 607,0505, Florida Statutes. ### SIGNATURE DP	**************************************		· · · · · · · · · · · · · · · · · · ·			10. Name and Address of New Re	gistered Agent	
PALM BEACH GARDENS FL 33410 82 Street Acdress (P.O. Box Number is Not Acceptable) 83 84 City				81	81 Name			
### BEACH GARDENS FL 33410 ### City					82 Street Address (P.O. Box Number is Not Acceptable)			
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 regist 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 regist agent. Lam fam. har with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 DP BETTERIDGE, TERENCE A 12 NAME 12 NAME 13 STREET ADDRESS CITY-S1-ZP PALM BEACH GARDENS FL 33410 DELETE 23 STREET ADDRESS CITY-S1-ZP TITLE DELETE 31 TITLE Change A 4360 NORTHLAKE BLVD SUITE 205 PALM BEACH GARDENS FL 33410 DELETE 23 STREET ADDRESS CITY-S1-ZP TITLE DELETE 31 TITLE Change A 51 TITLE Change A 51 TITLE Change A 52 NAME CHY-S1-ZP TITLE Change A 53 STREET ADDRESS CITY-S1-ZP TITLE Change A 54 City FL 85 Zip Code Change in the statement for the purposed changing its regist accept the application as regist accept the application accept the application accept the corporation's board of directors 1 hereby accept the application as regist accept the application accept the corporation's board of directors 1 hereby accept the application accept the application accept the application accept the application accept the corporation's board of directors 1 hereby accept the corporation's board of directors 1 hereby accept	PALM BEACH GARDENS FL 33410							
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 regist agent. I am fair har with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature				83	!			
Pursuant to the provisions of Sectors 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist of corregistered 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 regist agent and accept the obligations of, Section 607.0506, Florida Statutes. SIGNATURE Signature System of perinded name of registered agent and Mell displaceded (NOTE Registered Agent signature required when reinstating) DATE				84	City		85 Zip Cod	e
Citize of registered agent of both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regist agent. Fam fam, har with, and accept the obligations of, Section 607,0506, Florida Statutes. SIGNATURE Signature. System of printed name of registered agent and the literaphicable. (NOTE Registered Agent signature required when reinstating). DATE 12. OFFICERS AND DIRECTORS. IN 1 THE NAME SIREF ADDRESS. CITY-ST-ZIP BETTERIDGE, TERENCE A 4360 NORTHLAKE BLVD SUITE 205 PALM BEACH GARDENS FL 33410. 14 CITY-ST-ZIP HILE DELETE 21 TITLE Change AME SIREF ADDRESS. CITY-ST-ZIP DELETE 21 TITLE Change AME SIREF ADDRESS. CITY-ST-ZIP DELETE 31 TITLE Change AME SIREF ADDRESS. CITY-ST-ZIP DELETE 31 TITLE Change AME SIREF ADDRESS. CITY-ST-ZIP TITLE AME AME SIREF ADDRESS. CITY-ST-ZIP TITLE AME AME SIREF ADDRESS. CITY-ST-ZIP TITLE AME AME SIREF ADDRESS. CITY-ST-ZIP TITLE Change A TITLE Change A TITLE AME AME AME AME AME AME AME A	11 Pars and to the re	varietiese of Sections 607 OFC	2 and 607 1509. Florida Statuta	A the abou	I samed see			
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6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07/39(i). Florida Statutes. I further certify that the			al might shall fill a single second second					

In 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

TEXENCE A. BETTENIDGE

561-694-2400