

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

FILED
Jul 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000044581 (2)
 1. Corporation Name
BETTER BUILDERS & RENOVATORS INC.



Principal Place of Business 11377 PINE VALLEY DR WEST PALM BEACH FL 33414	Mailing Address 11377 PINE VALLEY DR WEST PALM BEACH FL 33414-6011
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3. Date Incorporated or Qualified 05/20/1996	3a. Date of Last Report
4. FEI Number 65-0672099	Applied For Not Applicable
5. Certificate of Status Desired <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**PERKINS, THELMA
 11377 PINE VALLEY DR
 WEST PALM BEACH FL 33414**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	PERKINS, ROOSEVELT	
STREET ADDRESS	11377 PINE VALLEY DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PERKINS, THELMA	
STREET ADDRESS	11377 PINE VALLEY DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/M	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Roosevelt Perkins	
1.3 STREET ADDRESS	11377 Pine Valley Dr.	
1.4 CITY-ST-ZIP	West Palm Beach, FL 33414	
2.1 TITLE	QA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Richard Vanderlouis	
2.3 STREET ADDRESS	2650 Oswego Ave.	
2.4 CITY-ST-ZIP	West Palm Beach, FL 33404	
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Pamela Romero	
3.3 STREET ADDRESS	1408 Waterway Cove Drive	
3.4 CITY-ST-ZIP	Wellington, FL 33414	
4.1 TITLE	T/S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Thelma Perkins	
4.3 STREET ADDRESS	11377 Pine Valley Drive	
4.4 CITY-ST-ZIP	West Palm Beach, FL 33414	
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 *Thelma Perkins* **7/5/97 561 795-0660**

CR2E034 (9/96)