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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000056512 (2)

BETTER BUSINESS COUNCIL OF HIGHLANDS COUNTY, IN Principal Place of Business Mailing Address 2614 EMERSON AVENUE SEBRING FL 33870 SEBRING FL 33870-4909				113			
						3. Date incorporated or Qualified Sa. Date of Last Report 07/03/1996	
2. Principal P	Place of Business	2a. Mailing Address				4 FEI Number Applied Fo 65 - 0686845 Not Applied	
Suite Apt.	#. etc	Suite, Apt. #, etc.				5. Certificate of Status Desired Fee Required	
City & Stati	c	City & State	,		·	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
7ip 4]	Country 25	Zıp	30	ntry		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes Yes No	
9]	9. Name and Address of Curre		1901		7	10. Name and Address of New Registered Agent	
ALIC	RILAWYER CHARTERED			81	Name		
343 ALMERIA AVENUE				82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
COR	AL GABLES FL 33134			83	······································		
				84	City	FL 85 Zip Code	
office or r agent. La SIGNATURE 12.	Signature, typical or printed name of registered ag					oration submits this statement for the purpose of changing its register ion's board of directors. I hereby accept the appointment as register is defined the second of the	
Tritt	PD	DELETE	1.1 7/1	LE		Change Ado	
NAME	VANCE, WILLOW W		1.2 NA	ME			
STREET ADDRESS	2614 EMERSON AVENUE		1.3 ST	AEET	address		
CITY-S1-ZIF	SEBRING FL 33870		1.4 CI	TY - \$1	T-ZIP		
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NAM!	WOOTTEN, FRANK P JR.		2.2 NA	ME	Ì		
STREET ADDRESS	2614 EMERSON AVENUE		2 3 ST	REET .	ADDRESS		
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HELF	STD Morrison, Diane V	DELETE	3.1 7(7		}	L_I Grange L_I Aou	
NAME STREET ADDRESS	2614 EMERSON AVENUE		3.2 NA		ADDRESS		
CITY - S1 - ZIP	SEBRING FL 33870		3.4. CI		· · · · · · · · · · · · · · · · · · ·		
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NAME)		4. 2 N			•	
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NAMi.			5.2 NA	ME	1		
STREET ADDRESS	}		5.3 ST	REET	ADDRESS		
CITY - ST - ZIP			5.4 C/		T-ZIP		
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NAME			6.2 NA		ļ		
STREET ADDRESS					address		
CITY-SI-ZIP	A	and with this files dans as a	6.4 CI			Lis Costion 110 07/9Vi) Florida Clatifica I further costili, that the	
14. I do here information I am an o	on indicated on this annual report or	supplemental annual report is or the receiver or trustee empo	s true and a owered to e	iccu	rate and that i	in Section 119.07(3)(i), Florida Statutes. I further certify that the my signature shall have the same legal effect as if made under oath t as required by Chapter 607, Florida Statutes; and that my name	

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FILED

Apr 29 1997 8:00am

Secretary of State