## 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 # P96000094747 (8)

BETTER WORLD COMMUNICATIONS, INC.

Principal Plac	ce of Business	Mailing Addres	38	<del> </del>		ist durid toku bibti radit diari tabi tabi
	STREET, SUITE 16	•	TREET. SUITE 16			
					3. Date Incorporated or Qualified 11/19/1996	3a. Date of Last Report
2. Principal I	Place of Business	2a. Mailing Add	dress		4. FEI Number 07/33/	Applied For Not Applicable
Suite, Apt	I #, etc.	Suite, Apt.	#, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ale .	City & State	9		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip 29	30 Cou	ntry	8. This corporation has liability for	
24	25 9. Name and Address of Cui				10. Name and Address of New R	
AA4		· · · · · · · · · · · · · · · · · · ·		81 Name	I	
AMERICANTER CHARTCHED				82 Street Add	ress (P.O. Box Number is Not Accepted	EHQN ble)
	ORAL GABLES FL 33134			8/0 3	SATURN ST. #16	
				B4 City	UPITER	FL 85 Zip Code 33477
11. Pursuani	t to the provisions of Sections 607.	0502 and 607.1508, Flo	rida Statutes, the at	ove-named corp	poration submits this statement for the	purpose of changing its registered
agent. I	am familiar with, and accept the ol	bligations of Section 60	7.0505. Florida Stat	utes.	tion's board of directors. I hereby acce	princippomentina do registeres
SIGNATURE	Michelle	Geleker	MICHA	EL 3.4	IELEUAN PULSION- Ired when reinstaling)	v 4-25-97
12.	<u> </u>	d agent and title if applicable AND DIRECTORS	(NOTE: Registered	Ageni signature redul	red when reinstating) ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TITLE	PSTD		DELETE 1.1 TIS	ue T	7.5511.010/51.71102.01.0	Change Addition
NAME	MELEHAN, MICHAEL J	<del></del>	1.2 N/	ME		
STREET ADDRESS		TE 16		REET ADDRESS		
City-St-7iP	JUPITER FL 33477	·	1	Y-ST-ZIP		
TITLE			DELETE 21 TII			☐ Change ☐ Addition
NAME			2.2 N	ME		
STREET ADDRESS	;		2.3 \$7	REET ADDRESS		
C:TY - ST - ZIP				TY-ST-ZIP		
TITLE			DELETE 3.1 Tr	i		☐ Change ☐ Addition
NAME			3.2 N/			
STREET ADDRESS	5		ì	REET ADDRESS		
CITY-ST-ZiP		<del></del>		TY-ST-ZIP		I Tolomon I Tolomon
THE		LJ	DELETE 4.1 Tri	1		Change Addition
NAME			4.2 N			
STREET ADDRESS	5			REET ADDRESS		
CITY-ST-ZIP				IY-ST-ZIP		
T1111C		П				Channe Addition
Tille			DELETE 5.1 Tr	T.E		☐ Change ☐ Addition
NAME			DELETE 5.1 TO 5.2 NA	LE ME		Change Addition
NAME STREET ADDRESS			DELETE 5.1 T/ 5.2 N/ 5.3 ST	LE IME REET ADDRESS		☐ Change ☐ Addition
NAME			DELETE 5.1 T/ 5.2 N/ 5.3 ST	LE IME REET ADDRESS TY-SY-ZIP		Change Addition

6.2 NAME

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

**6.3 STREET ADDRESS** 

SIGNATURE:

appears in Block 12 or Block 13

STREET ADDRESS

CITY - \$1 - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-91 54 743 7535

**FILED** 

May 02 1997 8:00am

Secretary of State

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