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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90144 031 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000017305

1. Corporation Name
BETA BUSINESS SYSTEMS, INC.

Principal Place of Business
17131 N.W. 44TH AVENUE
OPA LOCKA FL 33055

Mailing Address
17131 N.W. 44TH AVENUE
OPA LOCKA FL 33055



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/20/1997

4. FEI Number
65-0737197
Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

21. Principal Place of Business
11029 NW 27 Ave
Suite, Apt. #, etc.

26. Mailing Address
11029 NW 27 Ave
Suite, Apt. #, etc.

23. City & State
Miami, FL
Country

28. City & State
Miami, FL
Country

24. Zip
33167

29. Zip
33167

9. Name and Address of Current Registered Agent

LEWIS, BETTYE
17131 N.W. 44TH AVENUE
OPA LOCKA FL 33055

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
FL

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] DATE: 4/20/99

Table with 6 rows for Officers and Directors. Each row includes Title, Name, Street Address, and City-ST-ZIP, with a 'DELETE' checkbox.

Table with 6 rows for Additions/Changes to Officers and Directors. Each row includes Title, Name, Street Address, and City-ST-ZIP, with 'Change' and 'Addition' checkboxes.

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.

SIGNATURE: [Signature] SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99 Date Daytime Phone #

CR2E034 (1/198)