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

PROFIT CORPORATION. ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000102777

A BETTER SOLUTION, INC.

	ELL GOED HOW, INC.				
Principal Plac	ce of Business	Mailing Address	•		} BD1(8))\$11 6811 (\$B11 (881 (881
807 E US 41 E SUITE 5	BYPASS S	807 E US 41 BYPASS S SUITE E			
VENICE FL 34292 VENICE FL 34292				DO NOT WRITE IN THIS	S SPACE
US US				3. Date Incorporated or Qualifed 12/04/1997	
2. Principal P	Place of Business	2a. Mailing Address	•	4. FEI Number	Applied For
21 26			65-0799092	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				\$8.75 Additional	
22		27		5. Certifcate of Status Desired	Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year In	tangible
24	25		30		XXYes □No
	9. Name and Address of Current			10. Name and Address of New Registered	Agent
CHI	LDERS, CÁROL L	Brown Strain St. S. S.	81 Name		
807	E US 41 BYPASS S		82 Street Addre	ress (P.O. Box Number is Not Acceptable)	
VEN	IICE FL 34292		83		
,			84 City	**************************************	85 Zip Code
11. Pursuant	to the provisions of Sections 607 0502	and 607.1508. Florida Statutes	s, the above-named corpo	oration submits this statement for the purpose of	f changing its registered
office or r	registered agent, or both, in the State of	Florida, Such change was aut	thorized by the corporation	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	intment as registered
ayent ra	micramiliai witti, and accour the obligatio	7115 OI, G E CHOII OO7.0303, I IOIK	ua Statutes.		
5.25	100 Lab UK / 112 Ll24	0:1:0.3		1/1//99	
SIGNATURE	Signature, typed or printed name of registered agent a	0:1:0.3		1/1//99	·. ·
5.25	Signature, typed or printed name of registered agent a OFFICERS AND	LW Carol 1	Childers Registered Agent signature required 13.	1/1//99	· · · · · · · · · · · · · · · · · · ·
SIGNATURE	Signature, typed or printed name of registered agent a OFFICERS AND DP	LW Carol 1	Childers Registered Agent signature required	President DATE ADDITIONS/CHANGES TO OFFICERS AN	· · · · · · · · · · · · · · · · · · ·
SIGNATURE	Signature, typed or printed name of registered agent a OFFICERS AND	and title if applicable. Carol 1 DIRECTORS	Childers Registered Agent signature required 13.	/President 1/12/99	ND DIRECTORS IN 12
SIGNATURE 12. IIILE	OFFICERS AND DP CHILDERS, CAROL	and title if applicable. Carol 1 DIRECTORS	Childers registered Agent signature required 13. 1.1 TITLE	President DATE ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

1/12/99

FILED

Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90033 038 ***150.00