

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

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90030 001 ***150.00

DOCUMENT # P98000024250

1. Corporation Name
BETJIM, INC.



Principal Place of Business
**8101 SW 140TH TERRACE
MIAMI FL 33158**

Mailing Address
**8101 SW 140TH TERRACE
MIAMI FL 33158**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/12/1998

2. Principal Place of Business

2a. Mailing Address

21 6377 HEARTLAND CIRCLE

26 6377 HEARTLAND CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 TALLAHASSEE, FL

28 TALLAHASSEE, FL

Zip

Zip

24 32312

25 LEON

29 32312

30 LEON

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KEY CORPORATE SERVICES, INC.
200 SOUTH BISCAYNE BOULEVARD
20TH FLOOR
MIAMI FL 33131**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	JAMES S. ATKINS
STREET ADDRESS		1.3 STREET ADDRESS	6377 HEARTLAND CIRCLE
CITY-ST-ZIP		1.4 CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	BETTY R. ATKINS
STREET ADDRESS		2.3 STREET ADDRESS	6377 HEARTLAND CIRCLE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Betty R. Atkins* **BETTY R. ATKINS - PRES.**

Date **4/1/99**

Daytime Phone # **850-894-3756**

CR2E034 (11/98)