

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 # P98000065828

1. Corporation Name

BETAMAX OF PALM BEACH, INC.

Principal Place of Business

**111 N. M ST.
LAKE WORTH FL 33460**

Mailing Address

**111 N. M ST.
LAKE WORTH FL 33460**

FILED
Mar 14, 1999 8:00 am
Secretary of State

03-14-1999 90041 018 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/28/1998

4. FEI Number

65-0854752

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.



No

2. Principal Place of Business

21 502 LUCERNE AVE
Suite, Apt. #, etc.

2a. Mailing Address

26 502 LUCERNE AVE
Suite, Apt. #, etc.

City & State

23 LAKE WORTH, FL

City & State

28 LAKE WORTH, FL

Zip Country

24 33460 25 USA

Zip Country

29 33460 30 USA

9. Name and Address of Current Registered Agent

**THORNTON, RABEN
N11 N. M ST.
LAKE WORTH FL 33460**

10. Name and Address of New Registered Agent

81 Name

LISA PIERINO

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

13206 GLENMOOR DR

83

84 City

WEST PALM BEACH

FL

85 Zip Code

33409

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

Lisa Pierino

PRESIDENT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **RABEN, THORNTON**
STREET ADDRESS **111 N. M ST.**
CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME **PD**
1.3 STREET ADDRESS **LISA PIERINO**
1.4 CITY-ST-ZIP **13206 GLENMOOR DR**
WEST PALM BEACH, FL 33409

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

Lisa Pierino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/99 (561)540-8881

Date

Daytime Phone #

CR2E034 (11/98)