## 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 #** P98000070289

1. Corporation Name

BETTO CORP.

FILED
Mar 17, 1999 8:00 am
Secretary of State
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Principal Place of Business Mailing Address					2 (08)(00) tid (010) tall) enitt enitt enitt detti (nett astin tide) tall tall tall	
A LAC CLAC C	POLE	1 LAS OLAS CIRCLE				
1 LAS OLAS CI SUITE 202	INOLE ,	SUITE 202				
FORT LAUDERD	DALÉ FL 33316		FORT LAUDERDALE FL 33316		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed	
					08/10/1998	
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number 65-0854936 Applied For	
21		26			65-0854936   Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5 Contiferate of Status Desired 7 30.73 Additional	
22		27			5. Certificate of States Desired Fee Required	
City & State		· City & State		-	6. Election Campaign Financing \$5.00 May Be	
23		28	28		Trust Fund Contribution Added to Fees	
Zip Country Zip		Zip	Country		8. This corporation owes the current year Intangible	
24	25 29 30		o		Personal Property Tax. XX Yes ☐ No	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered Agent	
			8	1 Nam	me	
	OLATO, ROBERT A		8	2 Stree	eet Address (P.O. Box Number is Not Acceptable)	
	S OLAS CIRCLE					
SUIT			8	3		
FOR	T LAUDERDALE FL 33316		L	4 015	y 85 Zip Code	
			l°	4 City	FL S P S C FL	
11 Pursuant	to the tirovisions of Sections 607.05	02 and 607.1508, Florida Statutes	, the abo	ve-name	med corporation submits this statement for the purpose of changing its registered corporation's board of directorsI hereby accept the appointment as registered.	
office or re	egistered agent, or both, in the State	of Florida, Such change was aut	horized b	y the co	corporation's board of directors. I hereby accept the appointment as registered	
	mitamiliar with, and accept the obes	ations or, section 607.0303, Florid	a Statute	55.	216-99	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: R	egistered Ad	gent signatu	sture required when reinstating) DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>b</b>	☐ DELETE	1.1 TITLE	<u> </u>	☐ Change ☐ Addition .	
NAME	BADOLATO, ROBERT A		1.2 NAM	E		
STREET ADDRESS	1 LAS OLAS CIRCLE, SUITE	202	1.3 STR	ET ADDRES	RESS	
	FORT LAUDERDALE FL 33316		1.4 CITY			
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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 charged on an attachment with shaddress, with all other like empowered. CITY-ST-ZIP

SIGNATURE?

IGNING OFFICER OR DIRECTOR