

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S29240** (6)

1. Corporation Name
BETCO ENTERPRISES, INC.

FILED
95 JUL 28 PM 1:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business: 3801 S OCEAN DR #15R HOLLYWOOD FL 33019-2902
Mailing Address: 3801 S OCEAN DR #15R HOLLYWOOD FL 33019-2902

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 100 GOLDEN ISLES DR. Suite, Apt. #, etc. 22 704 LAKE POINT TOWER City & State 23 HALLANDALE FL. Zip 24 33009 Country 25 BROWARD
2a. Mailing Address: 26 100 GOLDEN ISLES DR. Suite, Apt. #, etc. 27 704 LAKE POINT TOWER City & State 28 HALLANDALE FL. Zip 29 33009 Country 30 BROWARD

3. Date Incorporated or Qualified: 02/04/1991
3a. Date of Last Report: 04/28/1994
4. FEI Number: 65-0240315 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Certificate (Form 1041) Trust Fund Contributions: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
FISCHER, BETTY
3801 S OCEAN DR #15R
HOLLYWOOD FL 33019

10. Name and Address of New Registered Agent
81 Name: BETTY FISCHER
82 Street Address (P.O. Box Number is Not Acceptable): 100 GOLDEN ISLES DR.
83 704 LAKE POINT TOWER
84 City: HALLANDALE FL 85 Zip Code: 33009

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: BETTY FISCHER PRES. 7/24/1995
(Signature) (Typed or printed name of registered agent and title if applicable) (Date)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FISCHER, BETTY
STREET ADDRESS	3801 S OCEAN DR #15R
CITY ST ZIP	HOLLYWOOD FL
TITLE	PD
NAME	FISCHER, BETTY
STREET ADDRESS	100 GOLDEN ISLES DR.
CITY ST ZIP	704 LAKE POINT TOWER HALLANDALE, FL. 33009
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONAL OFFICERS AND DIRECTORS

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I, the undersigned, hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 115.07(3)(b), 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.

SIGNATURE: Betty Fischer PRES. 7/24/95 305-458-8932
(Signature) (Typed or printed name of signing officer or director) (Date) (Telephone Prefix #)

CR2E034 (3/95)