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

PROFIT CORPORATION ANNUAL REPORT

1997

NAME STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S62589

(4)

BETTER BY DESIGN OF SOUTH FLORIDA, INC.

Principal Place of Business Mailing Address					4 19011848 618 B7118 19821 B1181 19118 (B11	1811 B7B((0 \$11 B B 4 B	
3979 NW 57 ST. COCONUT CREEK FL 33073		3979 NW 57 ST. COCONUT CREEK FL 33073-4114					
					3. Date Incorporated or Qualified 06/26/1991	3a, Date of La 04/11/199	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number Applied For		Applied For	
21		26			65-0257043	5-0257043 Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional		
22		27			5. Certificate of Status Desired	Fee	e Required
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be		
23		28	eren and the second control of the second co		Trust Fund Contribution Added to Fees		
Zip			Countr	C. This deliporation has incoming for interior			er s. 199.032,
24	252930			Florida Statutes Yes No			
	9. Name and Address of Cu	rrent Registered Agent	81	1 7	10. Name and Address of New Reg	istered Agent	
HAVASS, RICHARD GLENN				Name			
	9 NW 57 ST.		82 Street Ad		dress (P.O. Box Number is Not Acceptable)		
COO	CONUT CREEK FL 33073			ļ			····
			83	İ			
V.			. 84	City		85 4	Zip Code
						FL T	•
agent. I s	am familiar with, and accept the ol	bligations of, Section 607.050	was authorized b 05, Florida Statute : (NOTE: Registered Ag	S .	poration submits this statement for the putien's board of directors. I hereby accept iited when reinstating)	DATE	t as registered
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECT	TORS IN 12
TITLE	P	DELET	E 1.11 TUTLE			Chan	nge 🔲 Addition
NAME	HAVASS, RICHARD G.		1.2 NAME		·		
STREET ADDRESS	3979 NW 57 ST.		1,3 STREE	ADDRESS			
CITY-ST-ZIP	COCONUT CREEK FL 3307	'3	1.4 CITY-	ST - 7IP			
TITLE		DELE1	E 2.1 TITLE			☐ Chan	nge 🔲 Addition
NAME			2.₽ NAME	1			
STREET ADDRESS			28 STHEF	ADDRESS	" .		
CITY-ST-ZIP			2. 4 CHY-	S1 - ZIP	•		
TITLE		☐ DELET	בא זווונד			☐ Chan	nge Addition
NAME	i		3₽ NAME				
STREET ADDRESS			3 B STHEE	ADDRESS			
CITY-ST-ZIP			3 4 . C(1Y-	S1 - ZIP			
TITLE	☐ DELETE 4511		E 4h thle			Chan	nge 🔲 Addition
NAME			4. 2 NAME				
STREET ADDRESS			4 B STREE	F ADDRESS			
CITY-ST-ZIP			4 # CITY-:	ST - ZIP			
TITLE		☐ DELET				Chan	nge 🔲 Addition
NAME			5 P NAME				
STREET ADDRESS			5 B STREE	ADDRESS			
CITY-ST-ZIP			5 # City-				
TITLE		DELET		-		[] Char	ige Addition

14. I do 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.

1/28/97

A-1 (A) ----

FILED

May 09 1997 8:00am

Secretary of State