

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V29732 (7)
1. Corporation Name
A BETTER WAY MGMT GROUP, INC.

Principal Place of Business Mailing Address
5455 S. UNIVERSITY DRIVE 5455 S. UNIVERSITY DRIVE
DAVIE FL 33328 DAVIE FL 33328



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		04/15/1992		02/05/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		65-0323832		Not Applicable	
24 Zip		25 Country		29 Zip		30 Country	
26		29		30			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
AICHER RON 5455 S UNIVERSITY DRIVE DAVIE FL 33328				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		P		1.1 TITLE		Change Addition	
NAME		AICHER, KEVIN		1.2 NAME			
STREET ADDRESS		5455 S UNIVERSITY DRIVE		1.3 STREET ADDRESS			
CITY-ST-ZIP		DAVIE FL		1.4 CITY-ST-ZIP			
TITLE		VP		2.1 TITLE		Change Addition	
NAME		GREGORY, DAN		2.2 NAME			
STREET ADDRESS		5455 S UNIVERSITY DRIVE		2.3 STREET ADDRESS			
CITY-ST-ZIP		DAVIE FL		2.4 CITY-ST-ZIP			
TITLE		ST		3.1 TITLE		Change Addition	
NAME		AICHER, RON		3.2 NAME			
STREET ADDRESS		5455 S UNIVERSITY DRIVE		3.3 STREET ADDRESS			
CITY-ST-ZIP		DAVIE FL		3.4 CITY-ST-ZIP			
TITLE				4.1 TITLE		Change Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE				5.1 TITLE		Change Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE				6.1 TITLE		Change Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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.

FILED

Jul 22 1997 8:00am
Secretary of State

CP2E034 (4/97)