FILED Aug 11, 1999 8:00 am Secretary of State

08-11-1999 90019 033 ***550.00

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

BETTER PRODUCTS INC.

Principal Place of Business				ailing Address					IO 1914 PIBLI	916 11 818 11 9 18	KI WI DIK WIWAI (W	Ji
13805 SHADY SHORES DR			13805 SHADY SHORES DR									
TAMPA FL 33613-4141			TAMPA FL 33613-4141					DO NOT WRITE IN THIS SPACE				
								3. Date Incorporated or Qualified	IN THIS	SFACE_		
								08/20/1992				1
2. Principal Place of Business			2a, Mailing Address					4. FEI Number		A	pplied For	
21				26				59-3240340		N	ot Applicable	е
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5 Certificate of Status Desired			Additional	
22			27	27				5. Der dilicate of Status Desired	<u></u>	- Fee R	lequired	
City & State				City & State				6. Election Campaign Financing			May Be	
23			28					Trust Fund Contribution		Added	to Fees	
Zip	Country		29	Zip	Coun 30			 This corporation owes the current Intangible Personal Property. 	nt year	Tyes [
24	25 25	Address of Current		tered Agent	30	Т		10. Name and Address of New Re	gistered			\dashv
	g. Namo and	Address of Carrell	, itogio	torou Agom		81	Name		<u> </u>			7
MIL	LS, JAMES E.					82	Ct+ Add		lo)			-
138	05 SHADY SH	ores dr					Street Addi	Address (P.O. Box Number is Not Acceptable)			_}	
TAN	MPA FL 33613-	4141										
						84	City	-		85 Zip	Code	\dashv
									<u>FL</u>	·		-
office or	registered agent	or both, in the State	of Flori	da. Such change was	authorize	d by	the corporati	pration submits this statement for the pur ion's board of directors. I hereby accept	pose or ch the appoi	ianging its r ntment as r	egistered egistered	1
agent. I	am familiar with,	and accept the obliga	tions o	f, section 607.0505, FI	orida Sta	tutés	•	·				
SIGNATURE									DATE			
Signature, typed or printed name of registered agent OFFICERS AN						ared A	gent signature req	uired when reinstating) ADDITIONS/CHANGES TO OFF		ID DIRECT	ORS IN 12	(5/09)
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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 change on an attachment with an address.

6.4 CITY-ST-ZIP

SIGNATURE: