

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **261183**

(8)

1. Corporation Name

BEST REAL ESTATE, INC.



Principal Place of Business

Mailing Address

**1805 N STATE ROAD 7
MARGATE FL 33063**

**1805 N STATE ROAD 7
MARGATE FL 33063-5735**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/24/1962	3a. Date of Last Report 02/14/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-0976531	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

**KAPLAN, EDWARD J.
1805 N STATE ROAD 7
MARGATE FL 33063**

10. Name and Address of New Registered Agent

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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	KAPLAN, EDWARD	1.2 NAME	
STREET ADDRESS	3822 NO 41 AVE	1.3 STREET ADDRESS	
CITY- ST- ZIP	HOLLYWOOD FL	1.4 CITY- ST- ZIP	
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	KAPLAN, MARILYN B-	2.2 NAME	
STREET ADDRESS	3822 NO 41 AVE	2.3 STREET ADDRESS	
CITY- ST- ZIP	HOLLYWOOD FL	2.4 CITY- ST- ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	ELLENBOGEN, STEVEN	3.2 NAME	
STREET ADDRESS	2103 N.W. 23RD LANE	3.3 STREET ADDRESS	
CITY- ST- ZIP	MARGATE 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.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD J. KAPLAN

Date

Daytime Phone #

0142152

CR2E034 (9/96)