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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 261183**

1. Corporation Name

BEST REAL ESTATE, INC.

Principal Place of Business Mailing Address 1605 N STATE ROAD 7 1605 N STATE ROAD 7 MARGATE FL 33063 MARGATE FL 33063 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/24/1962 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-0976531 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required 22 27 City & State City & State Election Campaign Financing \$5.00 May Be П Trust Fund Contribution 23 28 Added to Fees Zip Country Country Zip This corporation owes the current year Intangible ☐ Yes □No 24 25 30 Personal Property Tax. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KAPLAN, EDWARD J. 82 Street Address (P.O. Box Number is Not Acceptable) 1605 N STATE ROAD 7 MARGATE FL 33063 83 84 City 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 reg OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ DELETE TITLE ☐ Change ☐ Addition 1.1 TITLE KAPLAN.EDWARD NAME 1.2 NAME 3822 NO 41 AVE STREET ADDRESS 1.3 STREET ADORESS HOLLYWOOD FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE KAPLAN, MARILYN B-NAME 2.2 NAME 3822 NO 41 AVE STREET ADDRESS 2.3 STREET ADDRESS HOLLYWOOD FL 2.4 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ DELETE 3.1 TITLE Change ☐ Addition ELLENBOGEN, STEVEN NAME 3.2 NAME 2103 N.W. 23RD LANE STREET ADDRESS 3.3 STREET ADORESS MARGATE FL CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE ☐ Change ☐ Addition 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE TITLE Change ☐ Addition 586 for 3 175° 62 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

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 of 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 proan attagrame it with an address, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-7IP

ire Required SIGNAI SIGNATURE AND TYPED OR PRINTED TAME OF SIGNING OFFICER OR DIRECTOR

177 11100

**FILED** 

Jan 22, 1999 8:00am

Secretary of State

01-22-1999 90069 045 \*\*\* 158.75

(11/98)CR2E034