Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90049 026 ***150.00

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 # J25021

1. Corporation Name

| BEST W | AY MAINTENANCE, INC. | | | | | | | |
|--|--|-------------------------------|--------------|---|-------------------------|--|----------------------------|-----------------|
| Principal Place | of Business | Mailing Address | | | | T TOULING DISO HOUSE BELLE DULLE HOUSE HER DISH : | BJB(S PIÐSI OLDIS ÞI | E: E(S() UE; |
| 1440 CYPRESS DR 212 RIVER TERRACE OR. | | | | | | | | |
| SUITE 1 JUPITER FL 33469 | | | | | | | · | |
| JUPITER FL 33469 US | | | | | | DO NOT WRITE IN THIS SPACE | | |
| US | | | | | | 3. Date Incorporated or Qualifed | | |
| | | | | _ | | 07/17/1986 | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | | 4. FEI Number | | olied For |
| 21 | | 26 | | | | 59-2719009 | | Applicable |
| Suite, Apt. : | #, etc. | Suite, Apt. #, etc. | 1 | | | 5. Certificate of Status Desired | \$8.75 A Fee Rec | |
| City & State | B | City & State | City & State | | | 6. Election Campaign Financing | \$5.00 | May Be |
| 23 | | 28 | | | Trust Fund Contribution | Added to | Fees | |
| Zip | Country | Zip | Count | у | | 8. This corporation owes the current year fr | | _ |
| 24 | 25 | 29 | 30 | 30 | | Personal Property Tax. | Yes 🌶 | Z No |
| | 9. Name and Address of Current | Registered Agent | | | | 10. Name and Address of New Registered | Agent | |
| | | | 8 | 1 Nam | e | | | |
| BOCK, JAMES G | | | 8 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| 212 RIVER TERR. DR. | | | ا ا |] | | | | |
| JUPI | TER FL 33469 | | 8 | 3 | | | | |
| | | | 8 | 4 City | | FI | 85 Zip C | Code |
| | | | | | | | | rogistored |
| office at R | to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat | of Florida. Such change was a | utnonzea c | y tne co | rporation | ration submits this statement for the purpose on the board of directors. I hereby accept the appoint the purpose of the purpo | ointment as reg | gistered |
| SIGNATURE | | | | | | when reinstating\ DATE | | |
| Signature, typed or printed name of registered agent and title if applicable. [NOTE: I | | | | tered Agent signature required when reinstating) | | | ND DIBECTO | DC IN 12 |
| 12. | | OFFICERS AND DIRECTORS | | 13. | | ADDITIONS/CHANGES TO OFFICERS A | Change | Addition |
| TITLE | PSD | □ DECE IE | | 1.1 TITLE | | 1 | oego | ارسانده ا |
| NAME | BOCK, JAMES G | | 1.2 NAMI | | 1 | | | |
| STREET ADDRESS | 212 RIVER TERR. | , | 1.3 STRE | ET ADDRES | S\$ | | | ì |
| CITY-ST-ZIP | JUPITER FL | | 1,4 CITY | | | | Change | Addition |
| TITLE | VD | DELETE 2.11 | | į | | | ☐ Citalige | |
| NAME | WARTZOK, MARK | | 2.2 NAM | 2.2 NAME | | | | |
| STREET ADDRESS | 8248 SE PINE CIR. | | 2.3 STRE | 2.3 STREET ADDRESS | | | | Į |
| · CITY-ST-ZIP | .002 000 | | 2.4 CITY | | · - | | · | Addition |
| TITLE | • | DELETE 3.11 | | : | ĺ | | ☐ Change | Addition |
| NAME | · | | 3.2 NAM | Ξ | | | | Ì |
| STREET ADDRESS | ! : | | 3.3 STRE | ET ADDRES | ss | | | |
| CITY-ST-ZIP | | | 3.4. CITY | 3.4. City-ST-ZIP | | | | |
| TITLE | | ☐ DELETE | 4.1 T(TLE | | | | Change | Addition |
| NAME | | | 4. 2 NAM | Έ | | | | |
| STREET ADDRESS | | | 4.3 STR | ET ADDRE | ss | | | 1 |
| CITY-ST-ZIP | | | 4.4 CITY | ST-ZIP | | <u> </u> | | |
| TITLE | | DELETE | 5.1 TITU | | 1 | | Change | ☐ Addition |
| NAME | | | 5.2 NAM | Ē | | | | |
| STREET ADDRESS | | | 5.3 STRE | ET ADDRE | ss | | | |
| CITY-ST-ZIP | | | 5.4 CITY | ST-ZIP | | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | 1 | | Change | ☐ Addition |
| NAME | | | 6.2 NAM | E | | | | 1 |

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 changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP