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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000079208 (2)

FILED Apr 15 1998 8:00am Secretary of State

	YOUR	BEST SC	URCE, INC.									
Principal Place of Business Ma					Mailing Address				3 JEDITADI JAR TREST RIBIT ROSSI ORISI EDITE AL) 	(B) (B)(1881
	1399 87TH A				14399 87TH AVE., N.							
SEMINOLE FL 34646 SEMINOLE FL 34646									DO NOT WRITE IN	THIS SE	ACE.	
									3. Date Incorporated or Qualified	11113 31	ACE	
									10/27/1994			j
2.	Principal P	lace of Busi	ness	2a. M	lailing Address				4, FEI Number		I IA	pplied For
21				26	26				59-3284016			ot Applicable
	Suite, Apt.	#, etc.			Suite, Apt. #, etc.						Additional	
22									5. Certificate of Status Desired	J		equired
	City & State	& State			City & State			6. Election Campaign Financing		\$5.00	May Be	
23		28							Trust Fund Contribution]		to Fees
	Zip		Country	Z.	ib.	\vdash	untry	′	8. This corporation owes or has paid to			
24		ā Nama	25	[29]		30			Personal Property Tax due June 30.			□ No
-			and Address of Cur	rent Register	eo Agent		81	Name	10. Name and Address of New Regist	ered Aç	ent	
		OLFE, LARF					"	Name				
200-A JOHN KNOX ROAD TALLAHASSEE FL 32303-6643							82 Street Address (P.O. Box Number is Not Acceptable)					
	IAL		E FL 32303-6643				83					
							64	City		FL	85 Zip	Code
11.	Pursuant I	to the provis	ions of Sections 607.0	1502 and 607.	1508. Florida Statu	tes. the a	LLL	e-named corr	poration submits this statement for the pure		hanoino i	ts registered
	office or re	registered ag	ent, or both, in the Statth, and accept the ob-	ate of Florida.	Such change was	authorize	ed by	the corporat	poration submits this statement for the purp tion's board of directors. I hereby accept th	e appoir	ntment as	registered
	_	Dili I Q FFIIIICA: VF	ici, and accept the ob	ingrations of, o	ection 057.0303, 1	ionua ota	uoica	٥.				į
Sit	NATURE	Signature, typed	or printed name of registered	agont and trie diap	iplicable (NO	11: Registerr	cd Age	ent signature requi	red when reinstating)	ATE		<u> </u>
12.			OFFICERS A	AND DIRECTO		13.			ADDITIONS/CHANGES TO OFFICERS	S AND C	IRECTO	1S IN 12
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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 changed, or on an attachment with an address.

IGNATURE: (4) 10 1 Than 1 (2) 11 100 Plant 1/2/98 913-595-025