SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** (6)176708 BESTDAY CO., INC. Maring Address Principal Place of Business 12955 N E 14TH AVE 12955 N E 14TH AVE NORTH MIAMI FL 33161 NORTH MIAMI FL 33161 3a. Date of Last Report 3. Date Incorporated or Qualified 06/29/1995 12/30/1953 Applied For 4. FEI Number 2a. Mailing Address Principal Place of Business Not Applicable 59-0706443 26 21 \$8.75 Additional Suite Apt #, etc 5. Certificate of Status Desired Suite, Apt. #, etc Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199 032 Country Country Ζip Yes 🔲 No Florida Statutes 29 30 25 24 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Βí Name SCHUSSLER, JEFFREY D Street Address (P.O. Box Number is Not Acceptable) 82 12955 NW 14TH AVE N MIAMI FL 33161 83 Zip Code 85 84 City 11. Pursuant to the previsions 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Cs. 31 Higgstered Agent's goalure required when reinstating) Supply not type in a project more of registered report and the of applicable (96/8)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition DELETE 1.1 TITLE TITLE CR2E034 1.2 NAME SCHUSSLER, JEFFREY D. NAME 12955 N.E. 14 AVENUE 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY - ST - ZIP N MIAMI FL CITY-ST ZIP Change Addition DELETE 21111.8 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - 71F CITY-ST-ZIP Change Addition DELETE 3.1.1ITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST ZIP CITY - ST - ZIP Change Addition DELETÉ 4.1 TIFLE TITLE 4 2 NAME 4 3 STREET ADDRESS STREET ADDRESS 4.4 CHY - ST 7/2 Change ____ Addition CITY-ST-ZIP DELETE STITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 61 THE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CHY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 it made under oath that I arm an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address Muse JEFFRY D. 9th 156 M Press
OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: