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

FILED
Jan 29 1998 8:00am
Secretary of State

DOCUMENT # **278959** **(2)**

1. Corporation Name

BEST INSURANCE AGENCY OF BROWARD INC

Principal Place of Business	Mailing Address
1150 E. ATLANTIC BLVD. POMPANO BEACH FL 33060 US	P.O. BOX 2103 POMPANO BEACH FL 33061 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/28/1964

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1039398	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing	**$5.00** May Be
23	28	Trust Fund Contribution ☐	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BOWMAN,JERRY K 717 NE 3RD ST POMPANO FL	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	☐ DELETE	1.1 TITLE	☐ Change	☐ Addition
NAME	BOWMAN,JERRY K		1.2 NAME		
STREET ADDRESS	717 N.E. 3RD ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL.		1.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME	BOWMAN, NEWANA C.		2.2 NAME		
STREET ADDRESS	717 N.E. 3RD ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL.		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME	BOWMAN, J. KEITH JR.		3.2 NAME		
STREET ADDRESS	4450 NE 30TH AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	LIGHTHOUSE PT FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: *Jerry K. Bowman* JERRY K. BOWMAN 1-15-98 (954)