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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 441814

(1)

BEST & ASSOCIATES OF SARASOTA, INC.

Suite, Apt. #, etc  Suite, Apt. #, etc.  22  City & State  State  Trust Fund Contribution  Accountry  Accountry  Accountry  Accountry  Accountry  Accountry  State Country  Accountry	Applied For Not Applicable 75 Additional se Required .00 May Be ided to Fees der s. 199.032.
2. Principal Place of Business 2. Mailing Address 4. FEI Number 59-1501237  2. Principal Place of Business 2. Mailing Address 4. FEI Number 59-1501237  Suite, Apt. #. etc. Suite, Apt. #. etc. Suite, Apt. #. etc. 59-1501237  City & State City & State 52  City & State City & State 52  Zip Country Zip Country 7  Zip Country 2 Zip Country 8. This corporation has fiability for injungible tax uniform 7 Principal Statutes 7 Principa	Applied For Not Applicable 75 Additional se Required .00 May Be ided to Fees der s. 199.032.
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. Mailing Address 3. FEI Number 3. Suite, Apt #, etc. 3. The Country Billion Compalign Financing frust Fund Contribution Acceptable Apt	Applied For Not Applicable 75 Additional se Required .00 May Be ided to Fees der s. 199.032.
Suite. Apt. #. etc   Suite. Ap	Not Applicable 75 Additional se Required .00 May Be Ided to Fees der s. 199.032,
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   S. Certificate of Status Desired   \$8.	75 Additional se Required .00 May Be ided to Fees der s. 199.032,
27   City & State   Street Address of Country   Zip   Country   Zip   Country   City   Country   City   Country   City   City	.00 May Be ided to Fees der s. 199.032,
28 Trust Fund Contribution	Ided to Fees Ider s. 199.032
Zip Country Zip Country Zip Country Zip Country Florida Statutes Florida S	Zip Code
25 29 30 Florida Statutes Florida Florid	Zip Code
9. Name and Address of Current Registered Agent  MCCALLUM, DALE 12 SOUTH LIME AVE SARASOTA, FL 34237  82 Street Address (P.O. Box Number is Not Acceptable)  83 City  84 City  FL 85  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 change of registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointme agent 1 am lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of change of the interval agent 1 am lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of change of the interval agent 1 am lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of change of the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of change of the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of change of the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of change of the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of change of the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of change of the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of change of the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of change of the obligations of, Section 607.0505, Florida Statute	ing its registered
MCCALLUM, DALE 12 SOUTH LIME AVE SARASOTA, FL 34237  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL 85 City  FL 85 City  FL 86 City  FL 87 City  FL 88 City  FL 89 City  FL 80 City  FL	ing its registered
11. Pursuant to the provisions of Soctions 607.0502 and 607 1508. Florida Statutes, the above agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  11. Pursuant to the provisions of Soctions 607.0502 and 607 1508. Florida Statutes, the above agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature type for the provisions of Soctions 607.0502 and 607 1508. Florida Statutes, the above as authorized by the corporation submits this statement for the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature type for type for purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment agent agent signature required when rematating)   DATE	ing its registered
SARASOTA, FL 34237  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of change 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statules.  SIGNATURE    Signature type-doc puried name or registered agent and the if acquicable (NOTE, Registered Agent signature required when renstating) DATE    12.	ing its registered
34237  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 change of fice or registered agent, or both, in the State of Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  Signature  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  III. Plus   DELETE   1.1 Till    NAME   MUKALLA, JOSEPH M   1.2 NAME    SIREET ADDRESS   12 SOUTH LIME AVE   1.3 STREET ADDRESS    DITY-ST-ZIP   SARASOTA, FL 00000   1.4 CITY-ST-ZIP    TITLE   PTD   DELETE   2.1 TITLE   DCh.  NAME   MCCALLUM, DALE   2.2 NAME    SIREET ADDRESS   12 SOUTH LIME AVENUE   2.3 STREET ADDRESS    SIREET ADDRESS   12 SOUTH LIME AVENUE   2.3 STREET ADDRESS    SARASOTA, FL 00000   2.4 CITY-ST-ZIP    TITLE   DELETE   DELETE   DCh.  NAME   MCCALLUM, DALE   2.3 STREET ADDRESS    SARASOTA, FL 00000   2.4 CITY-ST-ZIP    TITLE   DELETE   DCh.  NAME   DELETE   DELETE   DCh.  NAME   DELETE   DELETE   DCh.  NAME   DELETE   DELETE   DCh.  NAME	ing its registered
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11. Pursuant to the provisions of Soctions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of change of the original such change was authorized by the corporation's board of directors. I hereby accept the appointment agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature typed a period name or registence agent and the lifectploable (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFF ICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  IIITLE  V\$D  MUKALLA, JOSEPH M  1.2 NAME  1.2 NAME  1.3 STREET ADDRESS  DITY - ST - ZIP  SARASOTA, FL 00000  1.4 CITY - ST - ZIP  MCCALLUM, DALE  1.2 SOUTH LIME AVENUE  2.2 NAME  2.3 STREET ADDRESS  CITY - ST - ZIP  SARASOTA, FL 00000  1. DELETE  2.1 TITLE  DELETE  3.1 TITLE  DELETE  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  CITY - ST - ZIP  SARASOTA, FL 00000  1. DELETE  3.1 TITLE  3.1 TITLE  3.2 NAME  3.3 NAME	ing its registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of change of flore 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 appointme agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statules.  SIGNATURE  Signatize tyled or protect name or registrate above hand the ill applicable (NOTE. Registered Agent signature required when reinstating) DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  INTEE VSD DELETE 1.1 TITLE  NAME MUKALLA, JOSEPH M 12 NAME  STREET ADDRESS  DITY. ST. ZIP  SARASOTA, FL 00000 1.4 CITY. ST. ZIP  INTEE PTD DELETE 2.1 TITLE  MCCALLUM, DALE  STREET ADDRESS  12 SOUTH LIME AVENUE  STREET ADDRESS  CITY. ST. ZIP  SARASOTA, FL 00000 2.4 CITY. ST. ZIP  INTEE DELETE 3.1 TITLE  CITY. ST. ZIP  INTEE DELETE 3.1 TITLE	ing its registered nt as registered
SIGNATURE	
Signative Type of printed name of registrics asysticated Agent signature required when reinstating)   DATE	
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NAME	
1.3 STREET ADDRESS   SARASOTA, FL 00000	inge 🔲 Addition
DELETE   SARASOTA, FL 00000   1.4 CITY-ST-ZIP     CITY   ST-ZIP     CITY   ST-ZIP     CITY   ST-ZIP   CITY   ST-ZIP   CITY   STREET ADDRESS   12 SOUTH LIME AVENUE   2.3 STREET ADDRESS   CITY-ST-ZIP   SARASOTA, FL 00000   CITY   ST-ZIP   CITY   C	
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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, if further certify 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 mad 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.	

SIGNATURE:

Ole A M Cellina

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

JANG, 1997 (941) 366-9686

**FILED** 

Jan 27 1997 8:00am

Secretary of State