


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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90108 041 ***150.00

0475857

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 441814 1. Corporation Name BEST & ASSOCIATES OF SARASOTA, INC.					
Principal Place of Business 1800 2ND ST SUITE 965 SARASOTA FL 34236 US			Mailing Address 12 SOUTH LIME AVENUE SARASOTA FL 34237		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26 1800 2ND ST		12/14/1973	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27 SUITE 965		59-1501237	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28 SARASOTA FL		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24		29 34236		30 US	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
MCCALLUM, DALE 12 SOUTH LIME AVE SARASOTA, FL 34237			81 Name MCCALLUM, DALE A		
			82 Street Address (P.O. Box Number is Not Acceptable) 1800 BNA STREET STE 965		
			83		
			84 City SARASOTA FL 85 Zip Code 34236		
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 Dale A McCallum President DATE 1/8/99					
(NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME MUKALLA, JOSEPH M			1.2 NAME		
STREET ADDRESS 12 SOUTH LIME AVE			1.3 STREET ADDRESS		
CITY-ST-ZIP SARASOTA, FL 00000			1.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME MCCALLUM, DALE			2.2 NAME		
STREET ADDRESS 12 SOUTH LIME AVENUE			2.3 STREET ADDRESS		
CITY-ST-ZIP SARASOTA, FL 00000			2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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.

SIGNATURE:

Dale A McCallum
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/99
Date

941-366-9686
Daytime Phone #

CR2E034 (11/98)