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PROFIT
CORPORATION
ANNUAL REPORT
1999



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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 822206

BESTFOODS

∰gDEO (FOODO), INO Str

Principal Place of Business

Mailing Address

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90162 032 ***150.00



| Suite, Apt. #, etc. 20 | -700 SYLVAN AVE. ENGLEWOOD CLIFFS N.J. 07632 700 SYLVAN AVE. ENGLEWOOD CLIFFS N.J. 07632 | | | 7632 | | DO NOT WRITE IN THIS SPACE | | |
|--|---|--|---------------------------------|--------------------|-------------------|--|---------------------------------|---------------------------|
| Sulfa, Apt. 8, etc. Sulfa, Apt. 8, etc. Sulfa, Apt. 9, etc. | , | | • | | | | | |
| Sulta, Apt. 8, etc. Sulta, Apt. 8, etc. 2 | 2. Principal Place of Business 2a. Mailing Address | | | | | 4. FEI Number | A | opplied For |
| Sulta, Apt. 8, etc. Sulta, Apt. 8, etc. 2 | 21 700 SYLVAN AVE. 26 700 SYLVAN | | | AVE. | | 36-2385545 | , N | lot Applicable |
| City & State Country 20 | Suite, Apt. #, etc. Suite, Apt. #, | | | | | 5 Codificate of Status Desired S8.75 Additional | | |
| 22 O 7 6 3 - 25 | City & State City & State | | | | | 11 | | |
| CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FT. 33324 a.d. \$\frac{1}{2} \text{CISC}\$ PLANTATION FT. 33324 a.d. \$\frac{1}{2} \text{CISC}\$ 15. PER STAND S | Zip Country Zip | | | | 1.5. | Personal Property Tax. | Yes | □No |
| CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 3324 24 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | | 9. Name and Address of Current | Registered Agent | | | 10. Name and Address of New Registere | d Agent | |
| 1200 S. PINE ISLAND ROAD PLANTATION FT 3324 LIVER 130 141. 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 again, to obth, in the State of Florida, Such change was authorized by the corporation's board of directors. I thereby accept the appointment as registered again, to obth, in the State of Florida, Such change was authorized by the corporation's board of directors. I thereby accept the appointment as registered again, the property of the corporation's board of directors. I thereby accept the appointment as registered again. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. AND DIRECTORS SYLVAN AVENUE, 9W 15. STREET ADDRESS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 16. AND DIRECTORS IN 12. 17. AND DIRECTORS IN 12. 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. AND DIRECTORS IN 12. 19. AND DIRECTORS IN 12. 19. AND DIRECTORS IN 12. 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 11. TITLE | | | | | Name | | | |
| ### City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutos. The above-named corporation submits this statement for the purpose of changing its registered office or registered signal, 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 office or registered with, and accept the obligations of, Section 607.0505, Florida Statutos. The purpose of changing its registered office or registered with a provision of the provision of the provision of the provision of the purpose of changing its registered of the corporation's board of directors. I hereby accept the appointment as registered of the provision of the purpose of changing its registered of the purpose of changing its registered of the corporation's board of directors. In hereby accept the appointment as registered of the provision's board of directors. In hereby accept the appointment as registered of the corporation's board of directors. In hereby accept the appointment as registered of the purpose of changing its registered of the purpose of changing its registered of the corporation's board of directors. In hereby accept the appointment as registered of the corporation's board of directors. In hereby accept the appointment as registered of the corporation's board of directors. In hereby accept the delivery accept the delivery and accept the obligation of the corporation's board of directors. In hereby accept the delivery accept the purpose of the provision accept the provisions and purpose of the | | | | 82 | Street Ad | Idress (P.O. Box Number is Not Acceptable) | | |
| ## 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or protect crans of registered agent and that it applicable. (NOTE Registered Agent algorithms registered Agent algorit | PLANTATION FL 33324征总 特征通告 | | | 83 | | | | |
| 11. Pursuant to the provisions of Sections 607,1502 and 607,1508. Florida Statutes, the above-named corporation submite 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 director's. I hereby accept the appointment as registered office or registered agent and remarked registered agent and ute if applicable. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE VT OR-LIFE SITUATE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. SIGNATURE Signature, typed or printed name of registered agent and ute if applicable. VT SIGNATURE Signature, typed or printed name of registered agent and ute if applicable. (NOTE Registered Agent signature required when relevatority). TITLE VT OR-LIFE OFFICERS AND DIRECTORS IN 12. 1.1 TITLE VT OR-LIFE OFFICERS AND DIRECTORS IN 12. 1.2 NAME STREET ADDRESS SYLVAN AVENUE, 9W 1.3 STREET ADDRESS OFFICERS AND DIRECTORS IN 12. 1.3 TREET ADDRESS OFFICERS AND DIRECTORS IN 12. 1.4 CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CHANGE AGDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 2.2 NAME STREET ADDRESS OFFICERS AND DIRECTORS IN 12. 2.2 NAME STREET ADDRESS OFFICERS AND DIRECTORS IN 12. 2.2 NAME STREET ADDRESS OFFICERS AND DIRECTORS IN 12. TITLE VI OR-LIFE AGDRESS OFFICERS AND DIRECTORS IN 12. TITLE VI OR-LIFE AGDRESS OFFICERS AND DIRECTORS IN 12. TITLE VI OR-LIFE AGDRESS OFFICERS AND DIRECTORS IN 12. 1.4 CITY-ST-ZIP CHANGE AGDRESS OFFICERS AND DIRECTORS IN 12. 2.2 NAME STREET ADDRESS OFFICERS AND DIRECTORS IN 12. 2.2 NAME STREET ADDRESS OFFICERS AND DIRECTORS IN 12. 2.3 STREET ADDRESS OFFICERS AND DIRECTORS IN 12. 2.4 CITY-ST-ZIP TITLE VI OR-LIFE AGDRESS OFFICERS AND DIRECTORS IN 12. 2.4 CITY-ST-ZIP TITLE VI OR-LIFE AGDRESS OFFICERS AND DIRECTORS IN 12. 3.5 STREET ADDRESS OFFICERS OFFICERS AND DIRECTORS IN 12. 3.5 STREET ADDRESS OFFICERS OFFICERS | 35 8 a 3, 4 35° | | | _ | | | os 7ir | Code |
| office or registered agent, or both, in the State of Horida. Such change was authorized by my agent and another the obligations of, Section 607.0505, Florida Statutes. SIGNATURE | | RCPAL CROSCO F | | 84 | City | F | L 85 21p | Code |
| 12. | office or r agent. I a | edistered edent or both in the State o | t Florida. Such change was au | itnorizea ov | tne corbora | rporation submits this statement for the purpose ation's board of directors. I hereby accept the app | of changing it ointment as r | s registered egistered |
| TITLE | SIGNATURE | Signature, typed or printed name of registered agent | and title if applicable. (NOTE: | Registered Age | nt signature requ | | | |
| STREET ADDRESS SYLVAN AVENUE, 9W | 12. | OFFICERS AND | DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS | | |
| STREET ADDRESS SYLVAN AVENUE, 9W | TITLE | VT | ☐ DELETE | 1.1 TITLE | | | ☐ Change | Addition |
| STREET ADDRESS SYLVAN AVENUE, 9W | NAME | GLUCK, R.S. | | 1.2 NAME | | | | i |
| CITY-ST-ZIP | STREET ADDRESS | SYLVAN AVENUE, 9W | | | TADDRESS | | | į |
| TITLE | CITY-ST-ZIP | • . | | | ST-ZIP | | | |
| STREET ADDRESS CITY-ST-ZIP ENGLEWOOD CLIFFS,NJ00000 NJ 07632 2.4 CITY-ST-ZIP | | | | 2.1 TITLE | | | ☐ Change | , Addition |
| STREET ADDRESS CITY-ST-ZIP ENGLEWOOD CLIFFS,NJ00000 NJ 07632 2.4 CITY-ST-ZIP | NAME | GILLESPIE R.J. | | 2.2 NAME | f | | | Į. |
| CITY-ST-ZIP | | | | 2.3 STREET ADDRESS | | | | |
| TITLE | | | | 2. 4 CITY-ST-ZIP | | | | |
| STREET ADDRESS SYLVAN AVENUE, 9W 3.3 STREET ADDRESS | | | | 3.1 TITLE | | | ☐ Change | Addition |
| STREET ADDRESS SYLVAN AVENUE, 9W 3.3 STREET ADDRESS | | ' - | | 3.2 NAME | | | | |
| CITY-ST-ZIP | | | | | T ADDRESS | | | |
| TITLE | | • | | | | | | |
| HELLER, H.A. 4.2 NAME | | [T] | | - | | | ☐ Change | Addition |
| STREET ADDRESS 700 SYLVAN AVE. 4.3 STREET ADDRESS ENGLEWOOD CLIFFS NJ 07632 4.4 CITY-ST-ZIP | | • | | 4. 2 NAME | | | | |
| CITY-ST-ZIP | | 1 | | 4.3 STREE | T ADDRESS | | | } |
| TITLE VD DELETE 5.1 TITLE Change Addition NAME LABERGERE, A 5.2 NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP Change Addition NAME SCHVCHINSKI, L. 6.2 NAME 6.2 NAME 5.3 STREET ADDRESS 5.4 STREET ADDRESS TOO SYLVAN AVE. 6.3 STREET ADDRESS 5.4 STREET ADDRESS TOO SYLVAN AVE. 5.5 STREET ADDRESS 5.5 S | | ' | ! | | | | | ļ |
| NAME LABERGERE, A 52 NAME STREET ADDRESS AYLVAN AVE 9W 53 STREET ADDRESS CITY-ST-ZIP ENGLEWOOD CLIFFS,NJ00000 NJ 54 CITY-ST-ZIP TITLE V DELETE 6.1 TITLE NAME SCHVCHINSKI, L. 62 NAME STREET ADDRESS 700 SYLVAN AVE. 63 STREET ADDRESS | | | | _ | | | ☐ Change | Addition |
| STREET ADDRESS AYLVAN AVE 9W 5.3 STREET ADDRESS | | I 'T | | 5.2 NAME | | | | |
| CITY-ST-ZIP ENGLEWOOD CLIFFS,NJ00000 NJ 5.4 CITY-ST-ZIP TITLE V DELETE 6.1 TITLE Change Addition NAME SCHVCHINSKI, L. 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.3 STREET ADDRESS | | | | 5.3 STREE | TADDRESS | | | |
| TITLE V DELETE 6.1 TITLE Change Addition NAME SCHVCHINSKI, L. STREET ADDRESS 700 SYLVAN AVE. 6.3 STREET ADDRESS | | _ | N.I | 5.4 CITY- 8 | ST-ZIP | | | İ |
| NAME SCHVCHINSKI, L. 6.2 NAME STREET ADDRESS 700 SYLVAN AVE. 6.3 STREET ADDRESS | | | | 6.1 TITLE | | | ☐ Change | Addition |
| STREET ADDRESS 700 SYLVAN AVE. 6.3 STREET ADDRESS | | l * | | 6.2 NAME | | | | |
| ancer housess 100 STEAN AVE. | | * | | 6.3 STREE | T ADDRESS | | | { |
| | CITY-ST-ZIP | ENGLEWOOD CLIFFS NJ 07632 | • | 6.4 C/TY+5 | 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, oc on an attachment with an address, with all other like empowered.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 4/9/99 201.894-9 Date Phone #