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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F93000003669

1. Corporation Name

BEST BUY INVESTMENTS INC.

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90023 049 ***158.75

	·				
Principal Place	e of Business	Mailing Address			
10642 SE 150T	H PLACE	P.O. BOX 777			
SUMMERFIELD	FL 34492	SUMMERFIELD FL 34492		DO NOT WRITE IN	THIS SPACE
				3. Date Incorporated or Qualifed	MID OF ACE
				08/09/1993	
2 Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 11863	So 72nd CTP	26		48-1061606	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certifcate of Status Desired	Fee Required
City & State	8	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Belle	view FZ	28		Trust Fund Contribution	Added to Fees
Zip ///	Country	Zip	Country	8. This corporation owes the current y	ear Intangible
24 344	120 25 USA	29 30	<u>) </u>	Personal Property Tax.	Yes No
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Regis	stered Agent
MYE	rs, steven r		oi wanto /	nyers, Steve	1 K
10642 SE 150TH PLACE			82 Street A	ddress (P.O. Box Number is Not Acceptable)	7 01
SUMMERFIELD FL 34491				63 Se 12 na	<u> </u>
	•		83		
		•	84 870/	24.20.1	FL 85 Zip Code 3 44 20
11 Purament	to the provinces of Sections 607 050	2 and 607 1508 Florida Statutos	the above-nameti o	organion submits this statement for the purp	ose of changing its registered
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	Stowen R. M.	see Steve	n K. W	vers 4-1	2-99
	Signature, typed or printed name of registered age	,	gistered Agent signature req	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
12.	PD OFFICERS AN	DELETE	13.	ADDITIONS/CHANGES TO GIT IOC	Change Addition
TITLE	MYEDE ETEVEN D		12 NAME		1.
NAME	10042 QF ISOTH PLACE 1/	863 se 72 moct RA	1.3 STREET ADDRESS	11863 Se 72 nd C	TRI
STREET ADDRESS	10642 SE 150TH PLACE 1/2 SUMMERFIELD FL B.e./le/	13, F/34420	1.4 CITY-ST-ZIP	11863 Se 72 nd C Belleview FL 7	4420
CITY-ST-ZIP	SD SD	DELETE	2.1 TITLE	DZ // R V / C V	☐ Change ☐ Addition
NAME	MYERS, LESTER	_	2.2 NAME		
STREET ADDRESS	RT. 1, BOX 127		2.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONT KS		2.4 CITY-ST-ZIP		
TITLE	1	☐ DELETE	3.1 TITLE	5	. Change Addition
NAME			3.2 NAME:	•	
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	-		4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		}
C/TY+ST+ZIP			4,4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	·	Change Addition
NAME	1 -		5.2 NAME	•	
STREET ADDRESS	·,				
			5.3 STREET ADDRESS		\ .
CITY-ST-ZIP			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	1		☐ Change ☐ Addition
		☐ DELETE	5.4 CITY-ST-ZIP		☐ Change ☐ Addition .
TITLE	The Real Art Dagle	☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition

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:

myers 4-12-99