

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

FILED
Mar 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000000973 (5)

1. Corporation Name

BEST INVESTMENTS OF NORTH AMERICA, INC.

Principal Place of Business

2700 S. ROAN ST., #420
JOHNSON CITY TN 37601

Mailing Address

2700 S. ROAN ST., #420
JOHNSON CITY TN 37601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/27/1996

4. FEI Number

41-1774545

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 2214 East Fairview Ave

Suite, Apt. #, etc.

2a. Mailing Address

26 2150 Third Ave. N.

Suite, Apt. #, etc.

22

City & State

23 Johnson City, TN

Zip

24 37601

Country

27

City & State

28 Anoka, MN

Zip

29 55303

Country

30 Anoka

9. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
528 E. PARK AVE.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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

William Converse, Secretary

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME CONVERSE, GAYLE
STREET ADDRESS 2700 SOUTH ROAN ST., STE. 420
CITY-ST-ZIP JOHNSON CITY TN
☒ DELETE

TITLE VD
NAME CONVERSE, WILLIAM
STREET ADDRESS 9199 CENTRAL AVE., N.E.
CITY-ST-ZIP BLAINE MN 55434
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D
1.2 NAME Gayle Converse
1.3 STREET ADDRESS 2214 East Fairview Avenue
1.4 CITY-ST-ZIP Johnson City, TN 37601
☒ Change ☐ Addition

2.1 TITLE S/D
2.2 NAME William Converse
2.3 STREET ADDRESS 310 T. Elmer Cox Drive
2.4 CITY-ST-ZIP Greeneville, TN 37745
☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ 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 recipient of 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:

William Converse

2/16/98

CR2E034 (10/97)