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

May 10, 1999 8:00 am Secretary of State

05-10-1999 90131 005 ***150.00

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DOCUMENT #	F98000001619	3
DOCOMENT #	- F9800000 T0 I3	1

1. Corporation Name

BEST FRANCHISING, INC.

Principal Place	of Business	Mailing Ad	ldress					68 ()(46)() 8)	1181 11810 1	#11 8 1 118	PIÀ IRII IRAI
13 CORPORATE SOUARE. STE. 250 13 CORPORATE SOUARE. STE. 250 ATLANTA GA 30329 13 CORPORATE SOUARE. STE. 250 ATLANTA GA 30329											
				DO NOT WRITE IN THIS SPACE							
							3. Date Incorporated or Qualifed				
							03/20/1998				
2. Principal Pl	ace of Business	2a. Mailing	Address		_		4. FEI Number			Appl	ied For
21		26			_		58-2373272		[]	<u> </u>	Applicable
Suite, Apt.	#, etc.	Suite,	Apt. #, etc.				5. Certifcate of Status Desired		•	75 Ad e Regi	ditional
22		27 City 9	Ctata		_						
City & State)	City &	State				6. Election Campaign Financing Trust Fund Contribution		•	ied to	lay Be Fees
Zip	Country	28 Zip		Coun	try		8. This corporation owes the curren	nt vear Into		-	
24	25	29	<u> </u>	0	•		Personal Property Tax.	., ,	Yes		□No
	9. Name and Address of Currer	t Registered A	gent		_		10. Name and Address of New Re	gistered	Agent		
				[8	31	Name					
	CORPORATION SYSTEM			1	32	Street Addre	ess (P.O. Box Number is Not Acceptab	le)			
	SOUTH PINE ISLAND ROAD)_	-						
PLAN	ITATION FL 33324			18	83						
				1	B4	City		- FI	85	Zip Co	ode
44 6	607.050	12 and 607 1609	L Florida Statutos	the abo	0110	named corne	pration submits this statement for the p	urpose of	changin	a its re	egistered
Office of re	adistered agent or both in the State	of Fiorida, Sucr	i change was auti	nonzea i	DV 1	ine corporatio	n's board of directors. I hereby accept	the appoir	itment a	s regi	stered
	n familiar with, and accept the obliga	itions of, Section	1 607.0505, FIORIO	ia Statut	es.						
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable	e (NOTE: R	egistered A	gent	signature required	when reinstating)	DATE			
12.	OFFICERS AN	ID DIRECTORS		13.			ADDITIONS/CHANGES TO OFFI	CERS AN			
TITLE	CCEO		☐ DELETE	1.1 TMU		ļ			☐ Char	nge	☐ Addition
NAME	LEVEN, MICHAEL A			1.2 NAM			e Attached Exhibit '	'A''			
STREET ADDRESS	13 CORPORATE SQUARE, STE	. 250				ADDRESS					
CITY-ST-ZIP	ATLANTA GA 30329		DELETE	1.4 CITY 2.1 TITL		-ZIP			Char	nge	Addition
TITLE	VCFO		Operete	2.1 HILL 2.2 NAM		ļ				.5-	
NAME	ARONSON, NEAL K 13 CORPORATE SQUARE, STE	250		ł		ADDRESS					
STREET ADDRESS	ATLANTA GA 30329	230		2.4 CIT		i i					
CITY-ST-ZIP	S		DELETE	3.1 TITL					Char	nge	Addition
NAME	ARONSON, STEPHEN D			3.2 NAW	Æ	1					
STREET ADDRESS	13 CORPORATE SQUARE, STE	E. 250				ADDRESS					
CITY-ST-ZIP	ATLANTA GA 30329			3.4. CIT	Y-S1	T-ZIP					
TITLE	V		DELETE	4.1 TITL	E				Chai	nge	Addition
NAME.	DARBY, JAMES D			4. 2 NA	ME						
STREET ADDRESS	13 CORPORATE SQUARE, STE	E. 250		4.3 STR	EET	ADDRESS					
CITY-ST-ZIP	ATLANTA GA 30329		_	4.4 CITY		-ZIP					F7 4 3 000
TITLE	V		☐ DELETE	5.1 TML					☐ Chai	лge	Addition
NAME	SHAW, DAVID E SR.			5.2 NAM		4000000					
STREET ADDRESS	13 CORPORATE SQUARE, STE	E. 250		1		ADDRESS					
CITY-ST-ZIP	ATLANTA GA 30329			5.4 CITY	Y-ST	r-ZIP	₫ ₿₩				

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 the 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 his 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. 14. I hereby certify that the information supplied with this filing does not qua

6.1 TITLE

SIGNATURE:

ROMANIELLO, STEVE

13 CORPORATE SQUARE, STE. 250

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

(404) 321-4045

CR2E034 (11/98)

 $\equiv 1$

Addition

Change

SCHEDULE "A"

List of Officers and Directors Best Franchising, Inc.

Office

F98000001619 53233790/3/5

President and Chief Executive Officer

Names

Business Address

Michael A. Leven

13 Corporate Square, Suite 250 Atlanta, Georgia 30329

Associate General Counsel, Secretary	Vice President, Finance	Executive Vice President, Administration	Executive Vice President, Franchise Sales and Administration	Executive Vice President, Chief Financial Officer
Stephen D. Aronson	Paula Charles	David E. Shaw, Sr.	Steven Romaniello	Neal K. Aronson
13 Corporate Square, Suite 250 Atlanta, Georgia 30329	13 Corporate Square, Suite 250 Atlanta, Georgia 30329			

F980000011119

Board of Directors	Board of Directors	CH T T C C
Neal K. Aronson	Michael A. Leven	Names
13 Corporate Square, Suite 250 Atlanta, GA 30329	13 Corporate Square, Suite 250 Atlanta, GA 30329	<u>Business Address</u>