## 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 # F9800001665

1. Corporation Name

BEST VENDORS CO.

Principal	Place	of	Business
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Mailing Address

2626 WEST LAKE STREET MINNEAPOLIS MN 55416

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## **FILED** May 07, 1999 8:00 am Secretary of State

05-07-1999 90148 044 \*\*\*150.00



3. Date Incorporated or Qualifed

03/24/1998

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address			4. FEI Number		Ap	plied For		
21	26		41-1356424		_	No	t Applicable		
Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A			
City & State	City & State			6. Election Campaign Financing		\$5.00	May Ro		
<del></del>	28			Trust Fund Contribution		Added t			
Zip Country	Zip	Country	<del></del>	8. This corporation owes the curr	ent vear Intan	aible			
24 25	29 30			Personal Property Tax.					
9. Name and Address of Current		,,		10. Name and Address of New	Registered A	gent			
		81	Name						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		100	82 Street Address (P.O. Box Number is Not Acceptable) 83						
		82							
		83							
			84 City FL 85 Zip Code						
11. Pursuant to the provisions of Sections 607.0502	and 607 1508 Florida Statutes	the shove-r	amed corno	ration submits this statement for the		l! nanging its	registered		
office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation	f Florida. Such change was auth	iorizea by th	e corporation	's board of directors. I hereby acce	pt the appoint	ment as re	gistered		
SIGNATURE Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Agent s	gnature required	when reinstating)	DATE				
12. OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OF					
mle PCD	☐ DELETE	1.1 TITLE	Pro	sident		Change	Maddition		
NAME WEISMAN, WILLIAM E		1.2 NAME	Wi	Ison, Mark 26 w take street					
STREET ADDRESS 2626 W LAKE STREET		1.3 STREET AC	DRESS 26	26 W Pake Street			ł		
CITY-ST-ZIP MINNEAPOLIS MN	j	1.4 CITY-ST-Z	n Mi	nnecholis, MN 554	116				
TITLE T	DELETE	2.1 TITLE				☐ Change	Addition		
NAME RUBIN, BARRY R		2.2 NAME					}		
STREET ADDRESS 2626 WEST LAKE STREET		2.3 STREET AL	DDRESS				1		
CITY-ST-ZIP MINNEAPOLIS MN		2.4 CITY-ST-	ZIP						
TIME	☐ DELETE	3.1 TITLE				Change	☐ Addition		
NAME		32 NAME	\				1		
STREET ADDRESS		3.3 STREET AL	DRESS						
CITY-ST-ZIP		3.4. CITY-ST-2	ZIP						
TITLE	☐ DELETE	4.1 TITLE				Change	☐ Addition		
NAME		4. 2 NAME							
STREET ADDRESS		4.3 STREET AL	ODRESS						
CITY-ST-ZIP		4.4 CITY-ST-2	ge ]				<u> </u>		
TITLE	☐ DELETE	5.1 TITLE				☐ Change	Addition		
NAME		5.2 NAME	Į				Į		
STREET ADDRESS		5.3 STREET A	DDRESS				1		
CITY-ST-ZIP		5.4 CITY-ST-2	ziP						
TITLE	☐ DELETE	6.1 TITLE				Change	☐ Addition		
NAME		6.2 NAME					1		
STREET ADDRESS		6.3 STREET A	DORESS						
STREET ALUNCOS									
CITY-ST-ZIP		6.4 CITY-ST-2	ZIP				}		

indicated on this annual report or supplied with this illing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informal 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 are 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 changes of on mattachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR