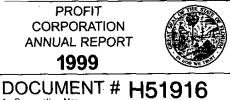
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

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

04-23-1999 90077 006 \*\*\*150.00

BEST BI	USINESS BROKERS, INC.						
Dringinal Disc	on of Rusiness	Mailing Address				HINIT BINTI NINIK N	1811 (1811 8381) 1863
701 CENTRAL AVENUE 4701 CENTRAL AVENUE T. PETERSBURG FL 33713 ST. PETERSBURG FL 33713							
S US					DO NOT WRITE IN	THIS SPACE	
					3. Date Incorporated or Qualifed 04/12/1985	·	
2. Principal Place of Business 2a. Mailing Address				<del></del>	4. FEI Number		Applied For
26			<u></u>		59-2528532	-	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	*	5 Additional
2	27					e Required	
_ City & Sta	te .	City & State .	City & State .		6. Election Campaign Financing	•	00 May Be
3		28			Trust Fund Contribution		ded to Fees
Zip	Country	Zip	Coun	try	8. This corporation owes the current ye		
4	25		30		Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	ent Registered Agent		Del Maria	10. Name and Address of New Regist	erea Agent	
HITCHENS, PAUL W. 6464 1ST AVENUE NORTH			81 Name				
			ļ.	32 Street Add	ress (P.O. Box Number is Not Acceptable)		
	PETERSBURG FL 33710		-				
31.	PETENSBUNG FE 337 TU			83			
			<u> </u>	34 City	<del></del>	85	Zip Code
				7	poration submits this statement for the purpo	$FL \mid \bot$	
12.	Signature, typed or printed name of registered ac	ent and title if applicable. (NOTE: ND DIRECTORS	13.	gent signature require	nd when reinstating) DA ADDITIONS/CHANGES TO OFFICER	S AND DIRE	
TITLE	P · .	☐ DELETE	1.1 TITL	E	•	Cha	nge
AME	MCNULTY, MARTIN A.		1.2 NAM	€ }			
STREET ADDRESS			1.3 STR	EET ADDRESS			
CITY+ST-ZIP	ST. PETERSBURG FL		1.4 C/Y	-ST-ZIP			
TITLE	S	DELETE	2.1 TITL	E		Cha	nge 🔲 Addition
NAME	ROSS, LORETTA		2.2 NAA	Æ			
STREET ADDRESS			2.3 STR	EET ADDRESS -			rsa i r
CITY-ST-ZIP	ST. PETERSBURG FL		2. 4 CIT	Y-ST-ZIP			
TITLE	T	☐ DELETE	3.1 TITL	E	•	☐ Cha	nge 🗀 Addition
VAME	TRENGA, ANGELO		3.2 NAA	Æ			
STREET ADDRESS			3.3 STR	EET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL		3.4. CIT	Y-ST-ZIP			
IUTE		☐ D <b>E</b> LETE	4.1 ΠΤ	E		Cha	nge 🗌 Addition
NAME			4. 2 NA	ME			
STREET ADDRESS	·		4.3 STR	EET ADDRESS			
CITY-ST-ZIP	<u> </u>	·	4.4 CIT	/-ST-ZIP			
TITLE		☐ DELETE	5.1 TITL			☐ Cha	inge Addition
Name			5.2 NAM	i	·		
STREET ADDRESS	3 ·		5.3 STR	EET ADDRESS			
CITY-ST-ZIP				/-ST-ZIP		<del></del>	
TITLE SI	MERCHAN HOUSE	. DELETE	6.1 TITL	E		☐ Cha	nge
	State of the state			I I			
			6.2 NA	AE			I
STREET ADDRESS	3 T - 1 T - 1		1	EET ADDRESS			

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: Unado Inchia REARGELOUTE ENGA

4/15/99 321-1414