

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H68314** (4)

1. Corporation Name

BEST BUDGET PLAN, INC.



Principal Place of Business

Mailing Address

695 NW 116TH ST.
11601 NW 7TH AVE
MIAMI FL 33168

695 NW 116TH ST.
11601 NW 7TH AVE
MIAMI FL 33168

3. Date Incorporated or Qualified
07/26/1985

3a. Date of Last Report
04/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2563468

Applied For
Not Applicable

22

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

23

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

24

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARMEL, WILLIAM
695 NW 116TH ST.
11601 NW 7TH AVE
MIAMI FL 33168

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

NAME

CARMEL, WILLIAM

1.2 NAME

STREET ADDRESS

695 NW 116TH ST

1.3 STREET ADDRESS

CITY-ST-ZIP

MIAMI FL

1.4 CITY-ST-ZIP

TITLE

S

☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

NAME

SHLIMOWITZ, ROBIN

2.2 NAME

STREET ADDRESS

5149 S.W. 122 TERR.

2.3 STREET ADDRESS

CITY-ST-ZIP

COOPER CITY FL

2.4 CITY-ST-ZIP

TITLE

V

☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

NAME

CARMEL, ALLAN

3.2 NAME

STREET ADDRESS

3190 N 34 ST

3.3 STREET ADDRESS

CITY-ST-ZIP

HOLLYWOOD FL

3.4 CITY-ST-ZIP

TITLE

T

☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME

SOSSIN, ROBERT, J

4.2 NAME

STREET ADDRESS

5107 ROOSEVELT ST

4.3 STREET ADDRESS

CITY-ST-ZIP

HOLLYWOOD FL

4.4 CITY-ST-ZIP

TITLE

☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE

☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Robert J. Sossin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96
Date

305-685-5671
Daytime Phone #

CR2E034 (12/95)