


FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90111 030 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H79082

1. Corporation Name
BEST F. BET. INC.



Principal Place of Business C/O JAMES S. THERIAC III 96 WILLARD STREET, SUITE 302 COCOA FL 32922	Mailing Address C/O JAMES S. THERIAC III 96 WILLARD STREET, SUITE 302 COCOA FL 32922
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6485 US Hwy #1	2a. Mailing Address 26 SAME
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State ROCKLEDGE	28 City & State
24 Zip 32955	25 Country BREVARD
29 Zip	30 Country

3. Date Incorporated or Qualified 10/03/1985	
4. FEI Number 59-2582443	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

THERIAC, JAMES S., III
96 WILLARD STREET
SUITE 302
COCOA FL 32922

10. Name and Address of New Registered Agent

81 Name NORMAN KOLSCH
82 Street Address (P.O. Box Number is Not Acceptable) 6485 US Hwy #1
83
84 City ROCKLEDGE FL 85 Zip Code 32955

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]* DATE: **5/14/99**

12. OFFICERS AND DIRECTORS

TITLE STD	NAME THERIAC, JAMES S., III	STREET ADDRESS 96 WILLARD STREET	CITY-ST-ZIP COCOA FL	<input checked="" type="checkbox"/> DELETE
TITLE PD	NAME BROADWAY, F. ANTHONY	STREET ADDRESS 1307 ROCKLEDGE DRIVE	CITY-ST-ZIP ROCKLEDGE FL	<input checked="" type="checkbox"/> DELETE
TITLE VD	NAME EARLY, NORMAN G.	STREET ADDRESS 307-W. CHESTER DRIVE	CITY-ST-ZIP COCOA FL	<input checked="" type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Norman Kolsch	
1.3 STREET ADDRESS 6485 US Highway #1	
1.4 CITY-ST-ZIP Rockledge FL 32955	
2.1 TITLE VP, S, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Martha Kolsch	
2.3 STREET ADDRESS 6485 US Highway #1	
2.4 CITY-ST-ZIP Rockledge FL 32955	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *[Signature]* Date: **4-27-99** (407) 757-7200

CR2E034 (1/198)