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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	#	H92328
1 Compretion Name		

BESTSELLERS REALTY, INC.

		_							
Principal Place	of Business	Mailing Address				, 102/5// 5// 5// 5// 5// 5// 5// 5// 5// 5/			
% JEAN Y. BOU 2121 KILLARNEY TALLAHASSEE F	Y WAY	% Jean Y. Boutwell 2121 Killarney Way Tallahassee Fl 32308				DO NOT WRI	TE IN THIS	SPACE	
						3. Date Incorporated or Qualifed 12/31/1985			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		App	lied For
21		26				<u>59-2618875</u>			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			l	5. Certificate of Status Desired		\$8.75 A	-
22		27						Fee Rec	<u></u>
City & State	•	City & State				6. Election Campaign Financing		\$5.00 N	
23		28				Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Country	'		8. This corporation owes the curr			
24	25	29 30	<u> </u>			Personal Property Tax.			□No
	9. Name and Address of Current	Registered Agent	81	N Io	me	10. Name and Address of New I	cegistered A	Agent	
BOLE	TWELL, JEAN Y.		61	iva	me				
l	KILLARNEY WAY		82	Str	eet Addres	ss (P.O. Box Number is Not Accepta	able)		_
	AHASSEE FL 32308		-	-					
IALL	ANASSEE PL 32306		83						
			84	Cit	у		FL	85 Zip C	ode
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above	e-nar	ned corpor	ration submits this statement for the	purpose of	changing its r	egistered
office or re	o the provisions or Sections 607.0302 egistered agent, or both, in the State on m familiar with, and accept the obligat	of Florida. Such change was auth	orized by	the c	orporation:	's board of directors. I hereby acce	ot the appoin	itment as reg	istered
•	m tamillar with, and accept the obligat	ions of, Section our odds, Florida	Otoloico						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Ager	nt signa	iture required i	when reinstating)	DATÉ		
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	PD	☐ DELETE	1.1 TITLE					Change	☐ Addition
NAME	BOUTWELL, JEAN Y.		1.2 NAME						
STREET ADDRESS	3431 CEDAR LANE		1.3 STREE	T ADDR	ŒSS				
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-S	T-ZIP					
TITLE	DD	☐ DELETE	2.1 TITLE					Change	☐ Addition
NAME	BOUTWELL, KENNETH		2.2 NAME						-]
STREET ADDRESS	3431 CEDAR LANE		2.3 STREE	T ADDR	Œ\$S			· •	
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITY-S	ST-ZIP					
TITLE		☐ DELETE	3.1 TITLE					Change	Addition
NAME			3.2 NAME						
STREET ADDRESS			3 3 STREE	T ADDF	ÆSS				
CITY-ST-ZIP			3.4. CITY- S	ST-ZIP					_
TITLE		☐ DELETE	4 1 TITLE					Change	☐ Addition
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREE	T ADDF	RESS				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP					
TITLE		□ DELETE	5.1 TITLE					Change	Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	TADDE	(ESS				
CITY OT 710	4		5.4 CITY-S	T-ZIP					

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, of on an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DELETE

☐ Change

Addition