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

PROFIT CORPORATION ANNUAL REPORT 1998

2. Principal Place of Business



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(7)

2a. Mailing Address

BEST BRANDS LIMITED, INC.

Principal Place of Business	Mailing Address	
15800 FAIRVIEW PT PO BOX 548 TAVARES FL 32778	15800 FAIRVIEW PT PO BOX 548 TAVARES FL 32778	

FILED Jan 15 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified

10/10/1986

4. FEI Number

Suite, Apt. #, etc.	2. Principal	Principal Place of Business 2a. Ma			Mailing Address				4. FEI Number			pplied For
City & State City & City & State City & State City & City & State City & State City & City	21			26	26			59-2727465		N	lot Applicable	
City & State City	_					5. Certificate of Status Desired						
Zip							Or Communication of Change Desired		Fee F	Required		
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Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 10, Name and Address of New Registered Agent 10, Name and Address of New Registered Agent 11, Name and Address of New Registered 11, Name and Address of New Registered 11, Name and Address of New Registered 11, Name and			¬ '	—	Zip	\vdash	Country					'
VINCENT, J JEAN	24		<u> </u>		and Amend	30	- 1					! No
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Ronda Silatures, the above-named corporation submits this statement for the purpose of changing its 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, 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, or a familiar with, and accept the cliegtons of, Section 607.0502. Priorida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE PD OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PD VINCENT, J. JEAN 13. SIRET ADDRESS SIRETA ADDRESS TAVARES FL 14. OTFY-ST-ZP TAVARES FL 14. OTFY-ST-ZP TAVARES FL 14. OTFY-ST-ZP TAVARES FL 14. OTFY-ST-ZP TAVARES FL 15. TITLE DELETE 21. SIRETA ADDRESS SIRETA				rent Registe	ereu Agent		01	Nome	10, Name and Address of New H	egisterea .	Agent	
TAVARES FL 32778 83							0,	Name				,
State Part						82	Street Addre	ess (P.O. Box Number is Not Accepta	ible)	•		
B4 City FL 85 Zip Code	TAVARES FL 32778					00						
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Signature, typed or printed name or registered agent and tile if applicable. (NOTE, Registered Apent signature required when retentating) DATE	agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.											
12.	SIGNATURE											
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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							6.3 STREET	i				

unificated 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 actives.

SIGNATURE: