

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 19 1997 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # J69903 (9)
1. Corporation Name
BEST SIMPLE SOLUTIONS, INC.



Principal Place of Business
1103 N. FEDERAL HIGHWAY
LAKE WORTH FL 33460

Mailing Address
P.O. BOX 5359
LAKE WORTH FL 33466-5359

DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|--|------------------------|--|---|--|------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | | 3a. Date of Last Report | |
| 21 | | 26 P.O. Box 1290 | | 04/28/1987 | | 06/03/1996 | |
| 22 Suite, Apt. #, etc. | | 27 Suite, Apt. #, etc. | | 4. FEI Number | | Applied For | |
| 23 City & State | | 28 LAKE WORTH | | 59-2950625 | | Not Applicable | |
| 24 Zip | | 25 Country | | 5. Certificate of Status Desired | | 8.75 Additional Fee Required | |
| 29 FL | | 30 33460 | | 6. Election Campaign Financing Trust Fund Contribution | | 5.00 May Be Added to Fees | |
| 29 FL | | 30 33460 | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | | Yes No | |

9. Name and Address of Current Registered Agent

NEWMARK, B.E.
1103 N. FEDERAL HIGHWAY
LAKE WORTH FL 33460

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 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 | PV | 1.1 TITLE | |
| NAME | NEWMARK, B.E. | 1.2 NAME | |
| STREET ADDRESS | 1103 N. FEDERAL HIGHWAY | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKE WORTH FL 33460 | 1.4 CITY-ST-ZIP | |
| TITLE | TD | 2.1 TITLE | |
| NAME | NEWMARK, B.E. | 2.2 NAME | |
| STREET ADDRESS | 1103 N. FEDERAL HIGHWAY | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKE WORTH FL 33460 | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| 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 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 oath, with an address.

SIGNATURE # 641-454-9100

CR2E034 (4/97)