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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

SIGNATURE;

**DOCUMENT #** 

K52655

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| BEST F   | oot forwar  | RD, INC.  |                     |                             |  |  |  |   |                   |                                  |                                       |  |
|--|---|---|---------------------|-----------------------------|--|--|--|---|-------------------|----------------------------------|---------------------------------------|--|
| Principal Place of Business Mailing Address  5393 ROOSEVELT BLVD 5393 ROOSEVELT BLV STE 7 STE 7 JACKSONVILLE FL 32210 JACKSONVILLE FL 322  |   |   |                     |                             |  |  |  |   |                   |                                  |                                       |  |
| US   |   |   | U                   | US                          |  |  | 3, Date incorporated or 12/20/1988                         | Qualified                                   |                   | te of Last R<br><b>07/18/1</b> 9 |                                       |  |
| Principal Place of Business  |   |   | ——i                 | 2a, Mailing Address         |  |  | 4. FEI Number 59-2924587                                   |   |                   | Applied For<br>Not Applicable    |                                       |  |
| Suite, Apt. #, etc.  |   |   | Suite, Apt. #, etc. |                             |  |  | 5. Certificate of Status Desired                           |   | \$8.75 Additional |                                  |                                       |  |
| ]  |   |   | 27                  |                             |  |  |  |   |                   |                                  |                                       | Required   |
| City & State   |   |   | 28                  | City & State                |  |  |  | 6. Election Campaign F Trust Fund Contribut |                   |                                  |                                       | IO May Be<br>ed to Fees                                |
| Zip  | Cou   | ıntry   |                     | Уір                         |  | intry  |  | 8. This corporation has                     | liability for     | intangible                       | tax under s                           | 199.032,   |
| L  | [25]  | Junea of Commons                                      | 29                  | rad Agoni                   | 30]  | T  |  | Florida Statutes  10. Name and Addres       |                   | : □No<br>Registered              | l Agent                               |  |
|  | 9. Name and Ad  | dress of Current                                      | Hegiste             | reo Ageni                   |  | B1 N   | Vanie  | 10, Name and Address                        | S OI INCIT I      | togistere.                       | - Hyent                               | ···  |
| MILLER, MICHAEL J<br>5393 ROOSEVELT BLVD<br>STE 17<br>JACKSONVILLE FL 32210  |   |   |                     |                             |  |  |  | ess (P.O. Box Number is Not Acceptable)     |                   |                                  |                                       |  |
|  |   |   |                     |                             |  |  | City   |   |                   |                                  | <b>85</b> Z                           | ip Code  |
|  |   |   |                     |                             |  |  | •  |   |                   | F                                | L                                     | ,  |
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| SIGNATURE si   | d agent, or both, in<br>h, and accept the ob-<br>lignature, typed or printed in                               |   | and title if aye    | e Alcabie. (1               | NOTE: Pulgistere:  | d Agent si   |  | d whon reinstating) ADDITIONS/CHANG         |                   | DATE                             | ID DIRECTO                            | ORS IN 12  |
| or registered<br>familiar with<br>SIGNATURE si   | d agent, or both, in<br>h, and accept the ob-<br>signature, typed or printed in<br>DP<br>MILLER, MICH         | OFFICERS AND  | and title if aye    | quicatile. (                | NOTE: Palgistere:  | d Agent si   |  | d when reinstating)                         |                   | DATE                             |                                       | ORS IN 12  |
| or registered familiar with IGNATURE   | d agent, or both, in and accept the ob- ignature, typed or printed in  DP MILLER, MICH 10621 PARLIA           | OFFICERS AND  ABEL J.  MENT PLACE                     | and title if aye    | e Alcabie. (1               | NOTe: Palgistere:  13. 1.1 1.2 N   | d Agent si<br>TITLE<br>NAME<br>STREET AC   | DDRESS   | d when reinstating)                         |                   | DATE                             | ID DIRECTO                            | ORS IN 12  |
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Michael J. Miler 5-15-96 904-389-6212