FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY 15 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500001491795
-05/17/95--01138--025
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE

1. Corporation Name
BEST OPERATING CORP., INC.

DOCUMENT # L02082 (0)

Mailing Address
5524 S. RIDGEWOOD AVE.
ALLANDALE FL 32127
US

Principal Place of Business
5524 S. RIDGEWOOD AVE.
ALLANDALE FL 32127
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below

3. Date Incorporated or Qualified: 07/12/1989
3a. Date of Last Report: 04/26/1993

2. Mailing Address
21 5524 S. Ridgewood Ave
Suite, Apt. #, etc. 22
City & State 23 Allandale FL
Zip 24 32127 Country 25 USA

2a. Principal Place of Business
26 5524 S. Ridgewood Ave
Suite, Apt. #, etc. 27
City & State 28 Allandale FL
Zip 29 32127 Country 30 USA

4. FEI Number: 59-2964762 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: $8.75 Additional Fee Required ☐

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

7. Nonprofit Exempt from $138.75 Supplemental Fee ☐

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

MARTINGANO JOSEPH F.
737 BAY TREE COURT
PORT ORANGE FL 32127

10. Name and Address of New Registered Agent

81 Name: Martingano, Joseph F.
82 Street Address (P.O. Box Number is Not Acceptable): 737 Bay tree Court
83
84 City: Port orange FL 85 Zip Code: 32127

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
[Registered Agent Accepting Appointment] [NOTE: Registered Agent signature required when name changed]

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE	P/T	
12 NAME	MARTINGANO JOSEPH F.	No Ne
13 STREET ADDRESS	737 BAY TREE CT.	
14 CITY ST ZIP	PORT ORANGE FL	
21 TITLE	V/P/S	
22 NAME	MARTINGANO JOANNE	
23 STREET ADDRESS	737 BAY TREE CT	
24 CITY ST ZIP	PORT ORANGE FL	
31 TITLE	D	
32 NAME	MARTINGANO, JOSEPH F.	
33 STREET ADDRESS	737 BAY TREE COURT	
34 CITY ST ZIP	PORT ORANGE FL	
41 TITLE	D	
42 NAME	MARTINGANO, JOANNE	
43 STREET ADDRESS	737 BAY TREE COURT	
44 CITY ST ZIP	PORT ORANGE FL	
51 TITLE		
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		
62 NAME		
63 STREET ADDRESS		
64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joseph F. Martingano Pres. Joseph F. Martingano Pres. 5/9/95 (904)788-1644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number