

Jan 16 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L02082

(0)

1. Corporation Name:

BEST OPERATING CORP., INC.

Principal Place of Business

5524 S. RIDGEWOOD AVE.  
ALLANDALE FL 32127  
US

Mailing Address

5524 S. RIDGEWOOD AVE.  
ALLANDALE FL 32127-5626  
US

2. Principal Place of Business

21 5524 S. Ridgewood  
Suite, Apt. #, etc. AVE

2a. Mailing Address

26 5524 S. Ridgewood  
Suite, Apt. #, etc. AVE

City &amp; State

23 Allandale FL

City &amp; State

28 Allandale FL

Zip

24 32127 Country USA

Zip

29 32127 Country USA

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

07/12/1989

3a. Date of Last Report

05/31/1996

4. FEI Number

59-2964762

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name Joanne Martingano

82 Street Address (P.O. Box Number is Not Acceptable)  
737 Bay tree Court

83 City Port Orange FL 85 Zip Code 32127

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  
agent 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

Joanne Martingano VP Joanne Martingano 1-9-97

Signature of registered agent (if not the same as the corporation's registered agent, see below)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT  
NAME MARTINGANO, JOSEPH F.  
STREET ADDRESS 737 BAY TREE CT.  
CITY-ST-ZIP PORT ORANGE FL☐ DELETETITLE VPS  
NAME MARTINGANO, JOANNE  
STREET ADDRESS 737 BAY TREE CT  
CITY-ST-ZIP PORT ORANGE FL☐ DELETETITLE D  
NAME MARTINGANO, JOSEPH F.  
STREET ADDRESS 737 BAY TREE COURT  
CITY-ST-ZIP PORT ORANGE FL☐ DELETETITLE D  
NAME MARTINGANO, JOANNE  
STREET ADDRESS 737 BAY TREE COURT  
CITY-ST-ZIP PORT ORANGE FL☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 an attachment with an address.

SIGNATURE:

Joanne Martingano VP

1-9-97 (904) 788-1644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Original Filing #