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

**FILED** Feb 27 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # L02082 (0)BEST OPERATING CORP., INC. Principal Place of Business Mailing Address 5524 S. RIDGEWOOD AVE. 5524 S. RIDGEWOOD AVE. **ALLANDALE FL 32127 ALLANDALE FL 32127** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/12/1989 2, Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-2964762 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Country This corporation owes or has paid the current year Intangible ☐ No 24 25 29 30 Personal Property Tax due June 30. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 JOANNE MARTINGANO 737 BAY TREE COURT Street Address (P.O. Box Number is Not Acceptable) **B2** PORT ORANGE FL 32127 83 City Zip Code 85 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, typod or printed name of registered agent and tine if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE MARTINGANO, JOSEPH F. NAME 1.2 NAME 737 BAY TREE CT. STREET ADDRESS 1.3 STREET ADDRESS PORT ORANGE FL CITY-ST-ZIP 1.4 CITY+ST-ZIP DELETE Change Addition TITLE 2.1 TITLE MARTINGANO, JOANNE NAME 2.2 NAME 737 BAY TREE CT STREET ADDRESS 2.3 STREET ADDRESS PORT ORANGE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE ☐ Change Addition MARTINGANO, JOSEPH F. NAME 3.2 NAME 737 BAY TREE COURT STREET ADDRESS 3.3 STREET ADDRESS PORT ORANGE FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETÉ Addition ☐ Change 4.1 TITLE TITLE MARTINGANO, JOANNE NAME 4.2 NAME 737 BAY TREE COURT STREET ADDRESS 4.3 STREET ADDRESS PORT ORANGE FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE

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 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.

6.2 NAME

**6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP

NAME STREET ADDRESS

2-24-G8 9A478811.VV