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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

L76814

(7)

<ol> <li>Corporation N</li> </ol>	IENT # <b>L7681</b> K. BEST INC.	14	(7)						
Principal Place o	f Business	Mai'in	g Address				H 18181 HUN VIBI	01011 01031 <b>010</b> 11 <b>010</b> 11	I MHÁILI BIÐII ÞÁÐU
C/O DOROTH 433 PINE HIL GENEVA FL (	HY C. BEST L BLVD.	43	/O DOROTHY C. BE 13 PINE HILL BLVD. ENEVA FL 32732			3. Date Incorporated or Qu	ualified 3a	. Date of Last Re	port
						05/29/1990		04/06/19	95
2. Principal Plac	e of Business		ailing Address			4. FEI Number 95-3460200			pplied For lot Applicable
		26	uite, Apt. #, etc.						Additional
Suite, Apt. #,	eic.	27	ine, Apr. #, etc.			5. Certificate of Status Des	sired		lequired
City & State		1	ty & State			Election Campaign Fina     Trust Fund Contribution	1 1		May Be
Zip	Country	28 Zi	n	T Co	untry	This corporation has liab			
] 2,5,	25	29		30		Florida Statutes	☐ Yes 🔀	No	
	9. Name and Address of Curre	ent Register	ed Agent		04   1	10. Name and Address o	f New Regis	tered Agent	
					81 Name				
	OROTHY C.				82 Street Add	dress (P.O. Box Number is Not A	Acceptable)		
	IE HILL BLVD. A FL 32732				83				
GENEVA	4 FL 32/32				84 City			85 Z <sub>1</sub> ;	Code
					1 1 1			FL	
or registere	d agent, or both in the State of Flor	orida Soch of	hange was authoriz	es, the ac red by the	ove-named corpo corporation's boa	oration submits this statement fo and of directors. I hereby accept	the appointm	ent as registered	agent. I am
or registere familiar with SIGNATURES	d agent, or both in the State 1900 ho, and account the obligations of, Sections of the obligations of the ob	orlight South Control of the Control	Of Iorida States	DOM Propision	oTHY C	2. BGT rad when renstaling)		4/22/	96
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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 energy as industries and that are 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 is if changed, or on a substantiant with an address.

SIGNATURE:

DOROTHY C-BGST 4/12/96 4673485426