

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 14 1998 8:00am
Secretary of State

DOCUMENT # **L93782**
1. Corporation Name
BEST VENTURES, INC.

Principal Place of Business Mailing Address
P.O. BOX 1169 **P.O. BOX 1169**
LEHIGH ACRES, FL. 33970 **LEHIGH ACRES, FL. 33970**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 301 OHIO ROAD Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. BOX 1169 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 8/15/1990	
22 City & State 23 LEHIGH ACRES, FL.		27 City & State 28 LEHIGH ACRES, FL.		4. FEI Number 65-0211736 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
24 33936 25 LEE		29 33970 30 Lee		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent

ALBERT WILK
P.O. BOX 1144
LEHIGH ACRES, FL. 33970

10. Name and Address of New Registered Agent

81 Name LUBA WILK
82 Street Address (P.O. Box Number is Not Acceptable) 301 OHIO ROAD
83
84 City LEHIGH ACRES
85 Zip Code FL 33936

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 *Luba Wilk President* DATE **8/31/98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALBERT WILK 301 OHIO ROAD LEHIGH ACRES, FL. 33936 <input checked="" type="checkbox"/> DELETE	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUBA WILK 301 OHIO ROAD LEHIGH ACRES, FL. 33936 <input type="checkbox"/> DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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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.

SIGNATURE: *Luba Wilk* **LUBA WILK PRES.** **8/31/98**

CR2E034 (5/98)