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

PROFIT CORPORATION ANNUAL REPORT

1997

如此,以此意思,是是是是是是这种的一种,我们也是是是是是是是一种的人,也是是是一种的人,也是是一种的人,也是是一种的人,也是是一种的人,也是是一种的人,也是一种

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 13 1997 8:00am

Secretary of State

941-461-6300

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P92000004263 (9)

BEST BOOKKEEPING AND TAX SERVICE, INC.

		,						
Principal Place	e of Business	Mailing Address	Mailing Address			I OO III GOIII GORII GOI		
2918 SOUTHWEST 11TH PLACE CAPE CORAL FL 33914		2918 SOUTHWEST 11TH PLACE CAPE CORAL FL 33914-4224		:				
					<ol> <li>Date Incorporated or Q 11/09/1992</li> </ol>	II	Date of Last R /25/1996	eport
2. Principal Place of Business		26. Mailing Address			4. FEI Number 65-0381997			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status De	5. Certificate of Status Desired See Required Fee Required		
City & State		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Z p	Country 25	Zip	Country 30	y	8. This corporation has lia Florida Statutes	bility for intangib	le tax under s.	
<del></del>	9. Name and Address of Current		<u> </u>		10. Name and Address of	New Registere	d Agent	
VOS	S, JAMES		81	Name				
2918 SOUTHWEST 11TH PLACE				Street A	ddress (P.O. Box Number is Not	Acceptable)		
CAPE CORAL FL 33914				ļ			····	
			83	1				
발·성) -	•••		84	1		F		Code
11. Pursuant office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obliga	end 607,1508, Florida Statute of Florida, Such change was a	es, the above outhorized b	e-named c y the corpo	orporation submits this statement oration's board of directors. I here	for the purpose by accept the ap	of changing it pointment as	s registered registered
SIGNATURE								
12.	Signature, typed or printed name of registered agent and title if applicable. (NO1L: Reg OFFICERS AND DIRECTORS		: Registered Ag	ent signature n	adulted when reinstating)  ADDITIONS/CHANGES	DATE	ID DIRECTOR	S INI 12
TITLE	D DELETE		1.1 TITLE		ADDITIONS/OFFANGES	TO OFFICE 13 A	Change	Addition
NAME	VOSS, JAMES		1,2 NAME				_ •	_
STREET ADDRESS	2918 S.W. 11TH PLACE		1.3 STREE	1 ADDRESS				
CITY-ST-ZIP	CAPE CORAL FL 33914		1.4 CITY - ST - ZIP					
TITLE	D DELETE		2.1 TITLE				Change	Addition
NAME	VOSS, PEGGY		2 2 NAME					
STREET ADDRESS	2918 SW 11TH PLACE		2 3 STREE	T ADDRESS				
CITY-ST-ZIP	CAPE CORAL FL		2 4 CITY - ST - ZIP					
TITLE	☐ DELETE		3.1 TITLE				Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREF	1 ADDRESS				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				
TITLE		DELETE 4.1					Change	☐ Addition
NAME			4. 2 NAME	•				
STREET ADDRESS			4.3 STREE	1 ADORESS				İ
CITY-ST-ZIP		The section of the se	4.4 CI1Y	S1 - Z(P				
TITLE		☐ DELETE	5.1 TITLE				☐ Change	☐ Addition
NAME			5.2 NAME		•			
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP		DELETE	5.4 CITY-	ST - ZIP			Change	Addition
TITLE		F-1 DETER	61 THLE				Change	☐ Addition
NAME			6.2 NAME	1				

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 eath; 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 glanged, or on an all achment with an address.