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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9300086532

## FILED Jan 26, 1999 8:00am Secretary of State

01-26-1999 90030 024 \*\*\*150.00

1. Corporation Name  BEST FRIENDS A LA PETITE, INC.								
DEST I NIENDO A LA PETITE, INO								
Principal Place of Business Mailing Address						ABIDI 19118 BUIDI BUIDA		
4882 DAVIS BLVD. 4882 DAVIS BLVD.								
NAPLES FL 34105 NAPLES FL 34105								
					DO NOT WRITE IN THIS SPACE			
					<ol> <li>Date Incorporated or Qualified</li> <li>12/09/1993</li> </ol>		}	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	An	plied For	
21 26					65-0460618		t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 A	dditional	
22					5. Certificate of Status Desired	Fee Re		
City & State City & State					6. Election Campaign Financing	. \$5.00	May Be	
23 28				Trust Fund Contribution Added to Fees				
Zip Country Zip  24			Country 30	Country  8. This corporation owes the current year Intangible Personal Property Tax. □ Yes ☑ Yes		PINo		
24].			- J		10. Name and Address of New Registe			
,	Entrance of the second		81	Name	Hagier		$\overline{}$	
LUC	AS, RONALD J	. " "	82	Stroot Add	ross (P.O. Box Number is Not Acceptable)			
HES 4882 DAVIS BLVD			02	Street Addi	Street Address (P.O. Box Number is Not Acceptable)			
NAPLES FL 34105			83	83				
•			84	City		85 Zip C	3616 (181423) Code	
geen ten sa bi		and the second second		,		FL.		
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, typed or printed name of registered agent	and title if applicable /NOTC: I	, Registered Age	nt rianatum roquira	od when reinstating) . DAT	re .		
12.	OFFICERS AND		13.	nt signatura raquira	ADDITIONS/CHANGES TO OFFICER		RS IN 12	
TITLE	PSD	☐ DELETE	1.1 TITLE		St. C. St.	☐ Change	☐ Addition	
NAME -	LUCAS, RONALD J		1.2 NAME		•			
STREET ADORESS	šs 4882 DAVIS BLVD.		1.3 STREET ADDRESS		•			
CITY-ST-ZIP	NAPLES FL 34105		1.4 CFTY-S	ST- <b>Z</b> IP				
TITLE	D .	☐ DELETE	2.1 TITLE	•		Change	Addition	
NAME.	LUCUS-KARPIE J., ANITA		2.2 NAME		•	•	• . • •	
STREET ADDRESS	ī	•	2.3 STREE	TADDRESS		· · · · -		
-CITY-ST-ZIP	-NAPLES FL-34112		2.4 CITY-5	ST-ZIP				
TITLE	AS FARMER	☐ DELETE	3.1 TITLE			Change	Addition	
NAME .	The state of the s		3.2 NAME					
STREET ADDRESS	ES 51 017 J		1	TADDRESS	1. 1. 19 A. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	精制 排門 顿门	49 S S	
CITY-ST-ZIP	177745.2		3.4. CITY-5	ST-ZIP	្រុំ ស្រ្តាស្ត្រី ស្រែក ស៊ីម៉ាន់ ស្ថិត្រី ស្រែក ស៊ីម៉ាន់ ស្តី ស្រែក ស៊ីម៉ាន់ ស្តី ស្រែក ស៊ីម៉ាន់ ស្តី ស្រែក ស៊ីមិន ស៊ីម៉ាន់ ស៊ីមិន ស្តីមិន ស្ថមិន ស្ថមិន ស៊ីមិន ស្តីអីម៉ីមិន ស្តីមិន ស្តីមិន ស៊ីមិន ស្តីអីម៉ីមិន ស្តីអីម៉ីមិន ស្តីអីម៉ីមិន ស្តីអីម៉ីមិន ស្តីអីមិន ស្តីអីម៉ីមិន ស្តីអីម៉ីមិន ស្តីអីម៉ីមិន ស្តីអីម៉ីមិន ស្តីអីមិន ស្តីអីម៉ីមិន ស្តីអីមិន ស្តីអីម៉ីមិន ស្តីអីម៉ីមិន ស្តីអីម៉ីមិន ស្តីអីម៉ីមិន ស្តីអីម៉ីមិន ស្តីអីម៉ីមិន ស្តីអីម៉ីមិន ស្តីអីម៉ីមិន ស្តីអីម៉ីមិន ស្តីអីម៉ី	☐ Change	Addition	
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NAME S	ge Se		4. 2 NAME				}	
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CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-S 5.1 TITLE	01-211	•	☐ Change	Addition	
NAME	•	LJ 01111	5.7 NAME	·	5 ( 85)			
STREET ADDRESS	<i>:</i> .	• .		T ADDRESS		**	I	
CITY-ST-ZIP	POL		5.4 CITY-S	į.				
TITLE	रहाँ हो है। इस एक से अ	☐ DELETE	6.1 TITLE			☐ Change	Addition	
NAME	<b>可能是</b>		6.2 NAME		•			
STREET ADDRESS	<b>被国际</b> 的。2015年		6.3 STREE	TADDRESS			· ·	
CITY-ST-ZIP '		,	6.4 CITY-S	T-ZIP	•		;	

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 his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed of on an attachment with an address with all other like empowered.

SIGNATURE

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-99 9417327755

Daytime Phone #

TO3/ (41/08)