


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

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Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000030223 (9)			
1. Corporation Name BEST BET, INC.			
Principal Place of Business 117 BOCA LAGOON DR PANAMA CITY BEACH FL 32408		Mailing Address 117 BOCA LAGOON DR PANAMA CITY BEACH FL 32408-5124	
2. Principal Place of Business		3a. Date of Last Report 05/09/1996	
21. Suite, Apt. #, etc.		4. FEI Number 59-3240021	
22. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Country		3. Date Incorporated or Qualified 04/18/1994	
26. Suite, Apt. #, etc.		3b. Date of Last Report 05/09/1996	
27. City & State		4. FEI Number 59-3240021	
28. Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent MILEY, ROBERT L. 117 BOCA LAGOON DR PANAMA CITY BEACH FL 32408		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83. City		84. Zip Code	
85. City		86. Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating)			
DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
7.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP		7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY-ST-ZIP	
8.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP		8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY-ST-ZIP	
9.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP		9.1 TITLE 9.2 NAME 9.3 STREET ADDRESS 9.4 CITY-ST-ZIP	
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11.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP		11.1 TITLE 11.2 NAME 11.3 STREET ADDRESS 11.4 CITY-ST-ZIP	
12.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP		12.1 TITLE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY-ST-ZIP	
13.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP		13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP	
14.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP		14.1 TITLE 14.2 NAME 14.3 STREET ADDRESS 14.4 CITY-ST-ZIP	
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16.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP		16.1 TITLE 16.2 NAME 16.3 STREET ADDRESS 16.4 CITY-ST-ZIP	
17.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP		17.1 TITLE 17.2 NAME 17.3 STREET ADDRESS 17.4 CITY-ST-ZIP	
18.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP		18.1 TITLE 18.2 NAME 18.3 STREET ADDRESS 18.4 CITY-ST-ZIP	
19.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP		19.1 TITLE 19.2 NAME 19.3 STREET ADDRESS 19.4 CITY-ST-ZIP	
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23.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP		23.1 TITLE 23.2 NAME 23.3 STREET ADDRESS 23.4 CITY-ST-ZIP	
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92.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP		92.1 TITLE 92.2 NAME 92.3 STREET ADDRESS 92.4 CITY-ST-ZIP	
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94.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP		94.1 TITLE 94.2 NAME 94.3 STREET ADDRESS 94.4 CITY-ST-ZIP	
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96.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP		96.1 TITLE 96.2 NAME 96.3 STREET ADDRESS 96.4 CITY-ST-ZIP	
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100.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP		100.1 TITLE 100.2 NAME 100.3 STREET ADDRESS 100.4 CITY-ST-ZIP	



CR2E034 (9/96)

SIGNATURE:

Robert L. Miley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/97

(904) 234-0891