

FILE NOW: FILING FEE AFTER MAY 1ST IS \$1.00

FILED

Jan 30 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mor  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000030223 (9)  
1. Corporation Name  
BEST BET, INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/18/1994

4. FEI Number

59-3240021

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILEY, ROBERT L.  
117 BOCA LAGOON DR  
PANAMA CITY BEACH FL 32408

1. Name

2. Street Address (P.O. Box Number is Not Acceptable)

3.

City

FL 85 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
MILEY, ROBERT L  
117 BOCA LAGOON DR  
PANAMA CITY BEACH FL 32408

1.1E  
1.2E  
1.3E STREET ADDRESS  
1.4E - ST - ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DELETE

2.1E  
2.2E  
2.3E STREET ADDRESS  
2.4E - ST - ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DELETE

3.1E  
3.2E  
3.3E STREET ADDRESS  
3.4E - ST - ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DELETE

4.1E  
4.2E  
4.3E STREET ADDRESS  
4.4E - ST - ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DELETE

5.1E  
5.2E  
5.3E STREET ADDRESS  
5.4E - ST - ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DELETE

6.1E  
6.2E  
6.3E STREET ADDRESS  
6.4E - ST - ZIP  
Change Addition

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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-98 850 234-0891

Date Daytime Phone # 0056012

CR2E034 (10/97)