Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90047 026 ***158.75

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 # P9400051911

1. Corporation Name

BESTES	Friends too, inc				
Principal Place	of Business	Mailing Address			IND OF IND INDER AN INDER CENTRE INDER CONT.
1173 HILLSBORO MILE HILLSBORO FL 33062 P O BOX 5940 L H P FL 33074 US			DO NOT WRITE IN TH	IIS SPACE	
	•			3. Date Incorporated or Qualifed 07/13/1994	[
0.00	·	2a. Mailing Address		4. FEI Number	Applied For
├- \	ace of Business	26		65-6149064	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22		27		5. 30 made 5. 30 may 20 may 2	Fee Required
City & State	ė ·	City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	01		Country	Trust Fund Contribution	
Zip	Country	_ 	30	This corporation owes the current year Personal Property Tax.	Yes No
24	9. Name and Address of Curre	11	30	10. Name and Address of New Registere	
	5. Name and Addition of Service		81 Name		
SMITH, RANDY			82 Street Add	tens (R.O. Pay Number is Not Acceptable)	
630 W SAMPLE RD		52) Street Add	Iress (P.O. Box Number is Not Acceptable)		
POMPANO BEACH FL 33064			83		
	•		84 City		85 Zip Code
					<u>L</u> 33 25 3333
\ office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was au	ithorized by the corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	or changing its registered pointment as registered
SIGNATURE		ALOTE:	Registered Agent signature require	red when reinstating) DATE	
12.	Signature, typed or printed name of registered ag	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, GAROLD L		1.2 NAME		
STREET ADDRESS	1173 HILLSBORO MILE				
CITY-ST-ZIP	HILLSBORO FL 33062		1.3 STREET ADDRESS		
TITLE	HILLODUNU FL JOUGE				
	S	☐ DELETE	1.3 STREET ADDRESS		Change Addition
NAME.		☐ DELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		. Change 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP