FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -6 AM 9:27

DOCUMENT # **P94000057662 (6)**

1. Corporation Name

BEST COMPUTER SYSTEMS, INC.

Principal Place of Business	Mailing Address
7120 N UNIVERSITY DR FT LAUDERDALE FL 33321	7120 N UNIVERSITY DR FT LAUDERDALE FL 33321

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/04/1994
3a. Date of Last Report: NONE

2. Principal Place of Business
21: 450 NW 65 ST TERR
22: Suite, Apt. #, etc.
23: City & State: MARGATE, FL
24: Zip: 33063
25: Country: BROWARD

2a. Mailing Address
26: 450 NW 65 ST TERR.
27: Suite, Apt. #, etc.
28: City & State: MARGATE, FL
29: Zip: 33063
30: Country: BROWARD

4. FEI Number: 65-0524081 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

TRIMBLE, PAUL
7120 N UNIVERSITY DR
FT LAUDERDALE FL 33321

10. Name and Address of New Registered ~~Agent~~ ADDRESS

81 Name: TRIMBLE, PAUL
82 Street Address (P.O. Box Number is Not Acceptable): 450 NW 65 ST TERR
83:
84 City: MARGATE FL 85 Zip Code: 33063

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: Paul Trimble 4/3/95
(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	D	11 TITLE	☐ Change ☐ Addition
NAME	TRIMBLE, PAUL	12 NAME	
STREET ADDRESS	8560 NW 2 AVE	13 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	14 CITY-ST-ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

OK BT.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Paul Trimble 4/3/95 (305) 984-9001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #