FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT #

1. Corporation Name

P94000061441 (9)

BESTFAX, INC.

SIGNATURE: 1

Principal Place o		Mailing Address 3025 SiLVER\$				
SUITE #17- (O) ORLANDO FL 32818 US		SUITE 117 (ORLANDO FL				0
		US		 Date Incorporated or Qualified 08/16/1994 	3a. Date of Last Report 04/28/1995	
2. Principal Plac 21	ce of Business	2a. Mailing Addre	38	4. FEI Number 59-3261762		Applied For Not Applicable
Suite, Apl. #,	etc.	Suite, Apt #,	etc	5. Certificate of Status Desired	1 7 7 7 7 7	5 Additional Required
City & State 28		Oity & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip	Country	₁ Zip	Country	8. This corporation has liability for	~	199.032,
24	25	[29]	30		es No	
	9. Name and Address of Curre	in negistereo Agent	81 Name	10. Name and Address of New	Registered Agent	
CHOO E	MODERT II CO					
	ROBERT M SR		82 Street Ad	dress (P.O. Box Number is Not Accept	able) D	
	INDY LANE DO FL 32818		83	- Janay	σ	
ONLAND	10 Lt 35010			Ö		
			84 Oity		FL 85 Z	ıp Code
11 Pursuant to	tue provisions of Sections 607 050	12 and 607 1508 Floods	Statutes, the above paried corr	kiration submits this statement for the p		registered office
or registered	diagent, or both, in the State of Flo	rida. Such change was a	uthorized by the corporation's bo	pard of directors. I hereby accept the ap		
	, and accept the obligations of, Sec	0001 897 9595, FI660a S	tatutes.			
SIGNATURE	lyratina tyckyl o'r printerl sa ee o'r egisten i'r age	than at the if do not after	with Hap brod Agent signature requ	meal sotem repretatings	DATE	
12.		NO DIRECTORS	13.	ADDITIONS/CHANGES TO OF		DRS IN 12
TIFLE	PTD	DELE			Change	Addition
NAME	CUPP, ROBERT M SR		1.2 NAME			
STREET ADDRESS	2646 SANDY LANE		1.3 STREET ADDRESS	2627 Sandy 3	land	
CITY - ST - ZIP	ORLANDO FL 32818		1.4 CITY - ST- ZIP			
TITLE	SVD	DELE			Change Change	Addit on
NAME	CUPP, PRISCILLA K		2.2 NAME			
STREET ADDRESS	2646 SANDY LANE		2.3 STREET ADDRESS	2627 Sandy &	are	
CITY - ST - ZIP	ORLANDO FL 32818		2.4 CI*Y - \$1 - ZIP	Qual 500 (0		
THILE		DEVE	TE 3 · FITLE		☐ Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CHTY - ST-ZIP			3.4 City - ST, ZIP			
TITLE		☐ DELE	TE 4.1 THUF		Change	Addit on
NAME			4.2 NAME			
STREET ADDRESS			4.3 STPEE1 ACORESS			
CITY - ST - ZIP			44 017 Y - \$1 - 712			
TITLE		☐ DELE	TE 5 1 THUE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ACORESS			
City - St - ZiP			5.4 CITY - ST - ZIP			
TITLE		DELE DELE	TE 6.17HUE		Change	■ Addition
NAMÉ			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY - ST - ZIP			6.4 CITY - ST - ZIP			
certify that t eath, that I	the information indicated on this ani	rual report or supplement torulion or the receiver o	tal annual report is true and accur r trustee enipowered to execute	y for the exemption stated in Section 11 trate and that my signature shall have th this report as required by Chapter 607,	ne same legal effect as	if made under

POBRICT M. CUPP

5-21-96

407-293-8500