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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morth 1m.

Secretary of Stale

DIVISION OF CORPORATIONS

1996

P95000019378 (5) **DOCUMENT #**

BEST WESTON FOOD, INC.



Principal Place of Business 1370 WESTON ROAD FT. LAUDERDALE FL 33326 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	Mailing Address 1370 WESTON ROAD FT. LAUDERDALE FL 3: 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State. 28 Zip.	3326 Country	3. Date Incorporated or Qualified 03/09/1995 (4) FEI Number Applied For Not Applied For Not Applied For Status Desired Service Required 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing Trust Fund Contribution Shows Added to Fees 8. This corporation has liability for intangible tax under s 199.032,
25 9. Name and Address of SHIEKMAN, JOHN L 200 EAST BROWARD BLVD. 15TH FLOOR FT. LAUDERDALE FL 33301	29 Current Registered Agent	81 Name 82 Street Add 83 84 City	Florida Statutes Yes No 10. Name and Address of New Registered Agent ress (P.O. Box Number is Not Acceptable) 85 Zip Code
or registered agent, or both, in the State familiar with, and accept the obligations SIGNATURE System by extrapolicative energy: 12. OF ICE NAME NAME ANMSEL STREET ADDRESS (185 (MF- CITY-ST-ZIP) MU-MIAMI	of Florida, Such Change was authorize of Section 607.0506, Florida Statutes.	s, the above-named corplo d by the corporation's boar E. Repotent Apretopation Septin 13. 1 1 T LE 12 NAME 13 STREET ADDRESS 14 C LY ST ZIP 2 1 T LE	ration submits this statement for the purpose of changing its registered office ind of directors. I hereby accept the appointment as registered agent. I am
NAME STREET ADDRESS CITY-SI-ZIP LITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	☐ DETEIE	2 2 NAME 23 STHEET ADDRESS 24 CITY ST. ZIP 3 1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST. ZIP 4 1 TITLE 42 NAME	Change Addition Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4 3 STREET ADDRESS 4 4 CITY - ST- ZIP 5 1 TITE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST- ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY+ST-ZIP 14. I do hereby certify that the information si	DELETE	6 THILE 62 NAME 63 STREET ADDRESS 64 CITY - STI-ZIP	Bank deposit 225.00 for the exemption stated in Section 119.07(3)(k), Florida Statutes, I further 11

certify that the information indicated on this arrival 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 employeered to execute this report as required by Chapter 607, Florida Statutes; and that my page appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR BELL GERTNER 5-2-1996