## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

P95000034746 (4)

orporation Name	-	_		_	_	_	_	•	٠	-	_	•	•
BESTEC EXTERMI	OTAN	RS.	INC	<u>)</u> .									

Principal Place	e of Business		M	ailing Address				i i i i i i i i i i i i i i i i i i i		*** ****** ***** ***** ****
P.O. BOX 840009 HOLLYWOOD FL 33084			P.O. BOX 840009 HOLLYWOOD FL 33084							
								3. Date Incorporated or Qualified 04/28/1995	<b>3a.</b> Da	le of Last Report
2. Principal Pla	ace of Business		28.	Mailing Address	s			4. FEI Number	<u>~</u> >	Applied Fo
21 Contract Amb	# -to		26	Cuito Act # ct				65-05809	<b>7</b>	Not Applic
Suite, Apt 4	#, etc.		27	Suite, Apt. #, et	.c.			5. Certificate of Status Desired		\$8.75 Addition. Fee Required
City & State	)		28	City & State				Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip	I	Country	<del></del>	Zip		Country		8. This corporation has liability for i	intangible t	tax under s 199.03:
24	25		29		30			Florida Statutes	Yes 🔲	No
	9. Name and	Address of Curi	ent Regis	tered Agent				10. Name and Address of New Re	gistered A	lgent
TF	RAGER, ROSS					81	Name			
10	000 NORTH H	ATUS ROAD				82	Street Addr	ress (P.O. Box Number is Not Acceptab	le)	
PE	EMBROKE PIN	ES FL 33026				83	· · · · · · · · · · · · · · · · · · ·			
				<b>A</b>		84	City		FL	85 Zip Code
11. Pursuant t	to the provisions	of Sections 607.0	502 and 6	07.1508, Florida S	Statutes, the	e above	named corp	noration submits this statement for the pu	irpose of c	changing its register ofment as registered
office or re agent. I ar	egistered agent m familiar with, a	or both, in the Sta and accept the obl	ite of Floro			Statutes	the corporate	on's board of directors. I hereby accept	111	<i>(</i> ,
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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 it 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 617, Florida Statutes, and that my name appears in Black 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Howeld by Both Signature and typed on Printed Name of Signing Officer on Director

7-3-96 9544