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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #
1. Corporation Name

P95000036655 (5)

BEST INSURANCE CORPORATION													
Principal Place of Business Mailing Address									E HEIDI BIHEI UEINI UI	DIRI BURN HOLUG III	II DIELO DE	AND NEWS COST ESSE	
270 CRANES CIRCLE WEST ALTAMONTE SPRINGS FL 32701				270 CRANES CIRCLE WEST ALTAMONTE SPRINGS FL 32701									
								3. Date Incorpora 05/05/19		3a. Date o	of Last Re	eport	
2. Principal Place of Business				2a. Mailing Address				4. FEI Number			<u></u>	Applied For	
(SAME)				(SAME)				59331	1763			Vot Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of S	tatus Desired			Additional Required	
City & State				Only & State			6. Election Camp	aign Financing			0 May Be		
23			28	28			Trust Fund Co	-			to Fees		
Zip	Country			7(p Co.					8. This corporation has liability for intangible tax under s 199.032,				
24		25 29 30 30 me and Address of Current Registered Agent			γ		Florida Statutes Yes You						
	y, Name	and Address of Curi	ent negis	stered Agent		81	Name	IU, Name and At	Idiess of New I	negistered A	Jen		
DAME	DADIN I							SAME)					
ROWE, ROBIN L 270 CRANES CIRCLE WEST						82	Street A	ddress (P.O. B ox Numbe	r is Not Acceptal	ble)			
ALTAMONTE SPRINGS FL 32701													
7	J J. 0					84	City				85 Zip	o Code	
						07	City			FL		7 COOE	
11. Pursuant to	the provision	ons of Sections 607.05	02 and 60)7.1508, Florida Statu h chapcie was authori	ites, the at	corn	named cor oration's h	poration submits this stat ward of directors. Thereb	ement for the pu	urpose of chan	ging its re	egistered office agent. Lam	
familiar with	h, and accep	it the obligations of	onda 607.	.0505, Flor da Statute	S.	СОГР	OIB(IO) I S E	poration scionits this state loard of directors. Thereb	y tiooopi tric up	11/-/-	gistaroa	agone ram	
SIGNATURE .		low So	ue							4/15/9	6		
12.	Signa িচ জ ্বনের ব	OFFICERS /			aNE Hayaten 13		fisgnature re-	picki khen rerebbby) ADDITIONS/CI	HANGES TO OF	EICERS AND I	DIRECTO	BS IN 12	
TITLE	Possi			DELETE		THILE	[Change	Addition	
NAME	Robin	DENT-OWN			12	NAME						_	
STREET ADDRESS	270 C	ones Circu	į ω ·		1.3	STREET	ADDRESS						
CITY-ST-ZIP	ملعله	montuspe	· ft :	32701	14	CHY-S	1 - 712						
TITLE			U	□ DELLETE	2 1	HILE					Change	☐ Addit-on	
NAME					221								
STREET ADDRESS					23	STHEET	ADDRESS						
CITY - ST - ZIP						CITY - S	T - ZIP						
TITLE				DELETE		THE				L	Change	☐ Addition	
NAME						NAME							
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP TITLE				☐ DELE!E		CITY - S TITLE	1 · ZIP				Change	☐ Addition	
NAME	i			L) becc. c	1	NAME					o.na ngo		
STREET ADDRESS							ADDRESS						
CITY - ST - ZIF						CITY-S							
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NAME					5.2	NAME							
STREET ADDRESS					53	STREET	ADORESS						
CITY-ST-ZIP					5.4	CHY-S	II - ZIP						
TIFLE				☐ DELETE	6 1	HILE					Change	☐ Add:tion	
NAME					62	NAME							
STREET ADDRESS					63	STREET	ADDRESS						
CITY-ST-ZIP						CITY-S							
14. I do hereby	y certify that	the information supplied	ed with this	s filing is voluntarily fur	mished and	d doe	s not qual	fy for the exemption state	ed in Section 119	9.07(3)(k), Flore	da Statuti	es. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 12 febranged, or on an attaching with an address.

THE THE OFFICER OF DIRECTOR

SIGNATURE:

4/15/96 407 331-0582