FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90132 006 ***150.00

DOCUMENT # P95000055361 1. Corporation Name									
BEST RE	ENTAL, INC.								
Principal Place	of Business	Mailing Address					Alibi anda n	1 211 121 	881
900 NE 13TH S	Т	1528 S.E. 11TH STREET							
FT. LAUDERDALE FL 33304 FT. LAUDERDALE FL 33316			6	DO NOT WRITE IN THIS SPACE					
US						3. Date Incorporated or Qualifed			
						07/18/1995			- }
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	$-\Box$	Applied For	г
21		26				65-0594374		Not Applica	_
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional		
22		27							
City & State	•	City & State				6. Election Campaign Financing		May Be d to Fees	- {
23	0	28 Zin	Cou	intry		Trust Fund Contribution 8. This corporation owes the current year In:		o to rees	
Zip	Country 25	Zip 29	30	y		Personal Property Tax.	Languele ✓ Yes	□No	
24	9. Name and Address of Currer		30	Γ		10. Name and Address of New Registered	Agent		
				81	Name			*	
	MITCHELL			82	Street Addr	ress (P.O. Box Number is Not Acceptable)			
	SE 11TH ST				Ollock Addi	COS (F.C. DOX Hamber to Hearth Seephers)			
FT. L	AUDERDALE FL 33316			83		 			į
ľ				84	City		85 Z	ip Code	
,					•	<u> </u>	-		
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statu	tes, the a	bove-	named corp	poration submits this statement for the purpose of on's board of directors. I hereby accept the appo	i changing intment as	its registered registered	ed
agent. I as	m familiar with, and accept the obliga	ations of, Section 607.0505, Flo	orida Stat	utes.	io corporatio			v	
SIGNATURE						ad when reinstating) DATE			1
12.	Signature, typed or printed name of registered age	ent and title if applicable. (NOT ND DIRECTORS	E: Registered	1 Agent	signature require	ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS IN 1	2
TITLE	PD DELETE 1.1T		TLE		***************************************	Chang			
NAME	MITCHELL, CAMILLA W			AME					
STREET ADDRESS			TREET A	NODRESS				1	
CITY-ST-ZIP				ITY-ST-	ZIP];
TITLE	SD DELETE 2.11			TLE			Chang	ge 🔲 Ad	dition
NAME	DON MITCHELL 22N			AME		•			
STREET ADDRESS	1528 SE 11TH ST				NDDRESS				
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TITLE	☐ DELETE 3.11					🖰 Chang	ge □Ad	utton	
NAME			3.2 N						-
STREET ADDRESS					ADDRESS				
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NAME					ADDRESS				
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CITY-ST-ZIP TITLE		☐ DELETE	5.1 T				Chang	ge 🛄 Ad	dition
NAME			5.2 N						ļ
STREET ADDRESS			5.3 S	TREET	ADDRESS				
CITY-ST-ZIP			5.4 C	ITY-ST-	ZIP				
TITLE		☐ DELETE	6.1 T	ITLE			Chang	ge 🗀 Ad	dition
NAME			6.2 N	AME	1				}
STREET ADDRESS			6.3 S	TREET	ADDRESS				

14. I hereby certify that the information supplied with this filing 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 affect of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the corporation of the receiver of the corporation of t

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

954-763-6581