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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000063960 (5)**

1. Corporation Name

BEST BUDDIES, INC.

Principal Place of Business	Mailing Address
2244 GRANT STREET **HOLLYWOOD FL 33020**	**2244 GRANT STREET** **HOLLYWOOD FL 33020**

3. Date Incorporated or Qualified: **08/18/1995**

3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 6990 S.W. 173 Way	26 6990 S.W. 173 Way
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 Ft. Lauderdale, FL.	City & State 28 Ft. Lauderdale, FL
Zip 24 33331	Zip 29 33331
Country 25 Broward	Country 30 Broward

4. FEI Number: 65 - 0602219 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. **Name and Address of Current Registered Agent**

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. **Name and Address of New Registered Agent**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when new or changed)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☐ DELETE	1.1 TITLE	P/V/S/T/D	☒ Change ☒ Addition
NAME	JOHNNY, LEZLIE J		1.2 NAME	JOHNNY, LEZLIE J	
STREET ADDRESS	2244 GRANT STREET		1.3 STREET ADDRESS	6990 S.W. 173 Way	
CITY-ST-ZIP	HOLLYWOOD FL 33020		1.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33331	
TITLE	VSD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MONTANELLI, BARBARA G		2.2 NAME		
STREET ADDRESS	2244 GRANT STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33020		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 attachment with an address.

SIGNATURE: _____ LEZLIE J. JOHNNY 1.2.96 954-680-7856
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #