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Apr 18 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000063960 (5)

1. Corporation Name  
BEST BUDDIES, INC.

Principal Place of Business  
6990 SW 173 WAY  
FT LAUDERDALE FL 33331  
US

Mailing Address  
6990 SW 173 WAY  
FT LAUDERDALE FL 33331-1807  
US



2. Principal Place of Business

21 Suite Apt. # etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 P.O. BOX 291356

Suite, Apt. #, etc.

27 City & State

28 Davie, FL.

29 Zip

33329

30 Country

USA

3. Date Incorporated or Qualified  
08/18/1995

3a. Date of Last Report  
07/16/1996

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVST  
NAME JOHNNY, LEZLIE J  
STREET ADDRESS 6990 SW 173 WAY  
CITY-ST-ZIP FT LAUDERDALE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V/S/T  
1.2 NAME JOHNNY, LEZLIE J  
1.3 STREET ADDRESS 6990 S.W. 173 Way  
1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33331

2.1 TITLE P  
2.2 NAME JOHNNY, RENEY  
2.3 STREET ADDRESS 6990 S.W. 173 Way  
2.4 CITY-ST-ZIP Ft. Lauderdale, FL 33331

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 attachment with an address

SIGNATURE: LEZLIE J. JOHNNY

4/13/97

954-680-7856

CR2E034 (9/96)