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

DOCUMENT # P95000093717

1. Corporation Name

BEST FINANCIAL SERVICES, INC.

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90065 006 ***150.00



Principal Place	e of Business	Mailing Address		
3078 WATSON		3078 WATSON WAY		
JACKSONVILLE FL 32257 US JACKSONVILLE FL 32257 US				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed
				01/02/1996
Principal Place of Business 2a. Mailing Address				4. FEI Number Applied For
	WATSON OR 5	26 3078 WATS	SON DR S	59-3368359 Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		\$8.75 Additional
22	#, 0.0.	27		5. Certificate of Status Desired Fee Required
City & Stat	е	City & State		6. Election Campaign Financing 55.00 May Be
23	-	28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible
24	25	29	30	Personal Property Tax.
	9. Name and Address of Curre			10. Name and Address of New Registered Agent
			81 Name	
BEIR, KENNETH L				dress (P.O. Box Number is Not Acceptable)
3078 WATSON WAY			Sileet Add	uress (1.0. Box realises to recorded to
JAC	KSONVILLE FL 32257		83	
				OF To Code
			84 City	FL 85 Zip Code
SIGNATURE	Signature, typed or printed name of registered a	3	Registered Agent signature require	
12.	,	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TiTLE	PVST	☐ DELETE	1.1 TITLE	
NAME	BEIR, KENNETH L		1.2 NAME	en e a en rement de la
STREET ADDRESS	3078 WATSON DR. S	-	1.3 STREET ADDRESS	:
CITY-ST-ZIP	JACKSONVILLE FL 32257		1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	D	☐ DELETE	2.1 TITLE	Change C Addition
NAME	BEIR, KENNETH L		2.2 NAME	•
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32257		2.4 CITY-ST-ZIP	, Change Addition
TITLE		☐ DELETE	3.1 TITLE	
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP		FM	3.4. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	A
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Change Caddis
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
1 0000 000 000	I .		5.4 CITY-ST-7IP	

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 attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

☐ Change

Addition