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Feb 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000018027 (8)

1. Corporation Name

STEVEN J. BEST, P.A.

Principal Place of Business

580 VILLAGE BLVD
SUITE 160
WEST PALM BEACH FL 33409

Mailing Address

580 VILLAGE BLVD
SUITE 160
WEST PALM BEACH FL 33409-1804



3. Date Incorporated or Qualified
02/23/1996

3a. Date of Last Report

2. Principal Place of Business

21 319 CLEMATIS ST.

Suite, Apt. #, etc.

22 SUITE 211

City & State

23 W. PALM BEACH, FL

Zip

24 33401

Country

25 USA

2a. Mailing Address

26 319 CLEMATIS ST

Suite, Apt. #, etc.

27 SUITE 211

City & State

28 W. PALM BEACH, FL

Zip

29 33401

Country

30 USA

4. FEI Number

65-0646111

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

BEST, STEVEN J
580 VILLAGE BLVD
SUITE 160
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name

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

319 CLEMATIS ST

83 SUITE 211

84 City

W. PALM BEACH

FL

85 Zip Code

33401

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

2-11-97

12. OFFICERS AND DIRECTORS

TITLE DPVS ☐ DELETE
NAME BEST, STEVEN J
STREET ADDRESS 580 VILLAGE BLVD
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE ☐ DELETE
NAME BEST, STEVEN J
STREET ADDRESS 580 VILLAGE BLVD
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 319 Clematis St
1.4 CITY-ST-ZIP W. Palm Beach, FL 33401

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 319 Clematis St.
2.4 CITY-ST-ZIP W. Palm Beach, FL 33401

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

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

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

6.1 TITLE ☐ Change ☐ Addition
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, upon an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-97

Date

361/833-4499

Daytime Phone #

CR2E034 (9/96)