

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000066246 (5)

1. Corporation Name

FLORIDA'S BEST INSURANCE AND AUTO TAGS INC.

Principal Place of Business

5194 SW 90TH TERRACE
COOPER CITY FL 33328

Mailing Address

5194 SW 90TH TERRACE
COOPER CITY FL 33328

FILED

97 AUG 11 PM 10: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/07/1996

3a. Date of Last Report

4. FEI Number

650687702

Applied For

Not Applicable

6. 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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 927A N Federal Hwy

Suite, Apt. #, etc.

22 City & State
23 Ft Lauderdale, FL 33304

24 Zip
33304

Country
USA

2a. Mailing Address

26 Suite, Apt. #, etc. STU

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

HOFF, L S
5194 SW 90TH TERRACE
COOPER CITY FL 33328

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

L Scott Hoff per 7/2/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME President
L. Scott Hoff
STREET ADDRESS 5194 SW 90th Terr
CITY-ST-ZIP Cooper City, FL 33328

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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CITY-ST-ZIP

TITLE ☐ DELETE

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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

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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, or on an attachment with an address.

SIGNATURE

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

CP2E034 (4/97)

2-2

FLORIDA'S BEST INSURANCE INC,
866 E OAKLAND PARK BLVD
OAKLAND PARK, FL, 33334

DATE 7/21/97

TO WHOM THIS MAY CONCERN,

I WAS PREVIOUSLY FILED WITH THE
DIVISION OF CORPORATIONS, FOR THE RENEWAL OF FLORIDA'S BEST
INSURANCE AND AUTO TAGS INC. DOCUMENT #P96000066246.

I AM FORWARDING YOU A COPY OF THE PREVIOUS CHECK THAT I HAD
MAILED YOU OUT ON APRIL 2ND 97 FOR \$165.00. I SPOKE TO GINA
AND SHE SAID IT WOULD BE OK IF I FORWARDED ANOTHER CHECK.
IF MY OTHER CHECK COMES IN PLEASE DESTROY IT.

THANK YOU IN ADVANCE.

L SCOTT HOFF