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

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS FILED

	1997	DIVISION OF CO	ORPORATIONS	97 AUG 11 PM 10: 59	
DOCUMENT # P96000066246 (5) FLORIDA'S BEST INSURANCE AND AUTO TAGS INC.				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FLORID	A'S BEST INSURANCE A	AND AUTO TAGS INC.		TALLAHASSEE, FLORID <b>A</b>	
Principal Plac	e of Business	Mailing Address			
5194 8W 90TH		5194 SW 90TH TERRACE			
COOPER CITY	/ FL \$3328	COOPER CITY FL 33328		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 3a. Date of Last Report	$\neg$
				08/07/1996	
2. Principal P	Place of Business	2a. Mailing Address		4. FEt Number Applied For	r
21 42 //	4 N rederic Hor	W 26 (	~ ~ ~ / · · · ·	65 06 87702 Not Applica	
Sulte, Apt.	W, BIC.	Suite, Apt. #, etc.	Sirv	6. Certificate of Status Desired S8.75 Additional Fee Regulred	1
City & Stat	1 EUL 12, 333	City & State		Election Campaign Financing     Trust Fund Contribution     Added to Fees	
Zip	Country	A Zip	Country	8. This corporation owes or has paid the current year Intaggible	
24 33	30H 25 11 3/		30	Personal Property Tax due June 30. Yes No	
ШО	9. Name and Address of Cu	rrent Registered Agent	81 Name	10. Name and Address of New Registered Agent	
	FF, L S 94 SW 90TH TERRACE				
	OPER CITY FL 33328		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
•••			83		
			84 City	■■ 85 Zip Code	
				FL	
11. Pursuant office or r	to the provisions of Sections 607, registered agent, or both in the S	.0502 and 607.1508, Florida Statutes	s, the above-named co	rporation submits this statement for the purpose of changing its register	red
			ithorized by the corpor	ation's poard of directors. I hereby accept the appointment as redistere	3O I
agent. I a	im familiar with, artifaccent the of	bligations of, Section 607,0505, Flori	ithorized by the corpora ida Statutes.	ation's board of directors. I hereby accept the appointment as registere	,a
agent. I a SIGNATURE		TAINS		Scott-HORE MEN 7/2/11	7
	Signature, typed or profited many of register.	J agent and title if applicable (NOTE: AND DIRECTORS	infortzed by the corporation Statutes.  Registered Agent signature requirements.	Scott-HORE MEN 7/2/11	7
SIGNATURE	Signature, typed or profited many of register.	J agent and litte if applicable (NOTE:	Registered Agent signature requ	used when resistating)  DATE  TO RE	7
SIGNATURE  12. TITLE NAME	Signature, typed or provided many or register.  OFFICERS  OFFICERS  L S COT+ 11	J agent and title if applicable (NOTE: AND DIRECTORS DELETE	Registered Agent signature required to the second signature requir	ured when revisitaling)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	7
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or priying many of register.	J agent and title if applicable (NOTE: AND DIRECTORS  DELETE  FF	Registered Agent signature requests.  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ured when revisitaling)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	7
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-SI-ZIP	Signature, typed or provided many or register.  OFFICERS  OFFICERS  L S COT+ 11	J agent and life if applicable (NOTE:  AND DIRECTORS  DELETE  FF  TOV  33328	Registered Agent signature requests.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY- ST-ZIP	aured when reinstaling)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Additional Change A	ition
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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 of an intachment with an addresse.

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 CORPARATIONS, 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