FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCI 1. Corpora THE BEST CONTROL, CORP

1997	On we	DIVISIO		
UMENT #	P9600008988	33	(8)	

FILED Mar 05 1997 8:00am Secretary of State

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Frincipal Frace of Bus	mess	malling Add	ress						
453 22 AVE SE ST PETERSBURG FL 33	706	453 22 AVE S ST PETERSBU	ie IRG FL 33705-3	303					
						3. Date Incorporated or Qualified 11/01/1996	3a. Date	of Last F	leport
2. Principal Place of E	Basiness	28. Mailing A	ddress			4. FEI Number	•		oplied For
21		[26]	4 H - (-						ot Applicable
Suite, Apt. #, etc. 22		Suite, Ap	t. #, BtC.			5. Certificate of Status Desired		•	Additional equired
City & State		City & St.	ate			6. Election Campaign Financing			May Be
23	Country	28		Country		Trust Fund Contribution	L		to Fees
Ζφ. 24	25	Zip 29	3		•	8. This corporation has liability for it	ntangible të Yes 🏻		. 199.032
9. N	ame and Address of Curren			<u></u>		10. Name and Address of New Re			
WALKER, M	ICHAEL J			81	Name				
453 22 AVE ST PETERS	SE Burg Fl 33705			62	Street Add	fress (P.O. Box Number is Not Acceptab	e)		
01121210	DONO 1 C 00/00			83		 			FT1 - 11 - 11 - 11 - 11 - 11 - 11 - 11 -
				84	City			85 Ζιρ	Code
							FL		
 Pursuant to the prooffice or registere 	ovisions of Sections 607.0502 d agent, or both, in the State	2 and 607.1508, F of Florida, Such c	florida Statutes hange was au	the above thorized by	e-named corpora	poration submits this statement for the pation's board of directors. I hereby accept	urpose of d	hanging i ntment as	is registered registered
agent <u>Lam</u> famili	ar with, and accept the obliga	tions of, Section	607.0505, Flori	da Statute	B. C.	tion's board of directors. I hereby accep	71	4 m	
SIGNATURE	y f Wally by a construction of the granded agen	My CHAES	OO. NOTE	AKER Beastered And	ant signature you	CONTEX Z	· 26 9	/	
12	OCCIOEDE ANT	LIDECTORS		13.		ADDITIONS/CHANGES TO OFFIC			7S IN 12
THE PRO	esinest.		DELETE	1.1 TITLE				Change	Addition
NAME 141	CHAEL JO WALL	LEA		1.2 NAME					
STREET ADDRESS 45.	3 ZZ AVE, SE	2.6		1.3 STREET	ADDRESS				
CITY ST 712 St	PETENCOUNTS FL	35/05	Tociese	1.4 CITY - 5	ST-ZIP		· · · · · · · · ·	1 80	
INLE SEC.	/YAENS WEEK	VCP -] DELETE	2.1 TITLE	•		L	_] Change	Addition
NAME BOA	PIE MI WITE	ne K		2.2 NAME 2.3 STREET	ADDOLOG				
STREET ADDRESS	ESINGAT. CHARL JO. WALK 3 22 AVE, S.E. PETENGUNE, FL /AEASWER VAIE MI WALK 3 22 AVE, S.E. PETENSONE, F.	2 73705	_	2 4 CITY -					
101 F	[#/#/~~//·///		DELETE	3 1 TITLE	Dr. Ell			Change	Addition
NAME				3.2 NAME	Ì				
STREET ADDRESS				3.3 \$TREET	ADDRESS				
CITY-S1 - 71-1				3.4 C(TY-	ST-ZIP				
TOTAL		L.	J DELETE	4.1 TITLE			Ĺ	Change	Addition
NAME				4. 2 NAME					
STHEET ADDRESS				4.3 STREET					
CHY-SI-ZHI			DELETE	4.4 CITY - S 5 1 TITLE	01 - ZIP		r	Change	Addition
NAME		<u>. </u>		5.2 NAME			L		
STREET ACOURTSS				5.3 STREET	ADDRESS				
City-St-7-P				5.4 CITY - 9	Ţ				
וונר			DELETE	6 1 TITLE		4181 to the total to		Change	Addition
NAME				6.2 NAME					
STREET ADDRESS				6.3 STREET	ADDRESS				
CITY+S1+ZiP				6.4 CITY - S	ST-ZIP				

14. I do hereby cert by 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 attrictment with an address.

SIGNATURE