CORPORATION ANNUAL REPORT 1999



State PORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90130 022 ***150.00

1. Corporatio 1 Name	P97000040153 * *
B.E	.S.T. Room Systems Corporation
Principal Place of Business	Mailing Address

14815 Boxwood Drive Palm Eeach Gardens, FL 33418 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/06/1997 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0753314 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. **\$8.75** Add tional 5. Certifcate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Zip Country 8. This corporation owes the current year Intangible ⊠ No 29 Personal Property Tax. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Chris M. Faber Street Address (P.O. Box Number is Not Acceptable)
14815 Boxwood Drive 82 83 84 Zip Code 33418

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was au horized 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, Flori la Statutes.

Palm Beach Gardens

SIGNATURE	Chris M. Faber, CEO		04/15/1999			
	Signature, typed or printed name of registered agent an i title if applicable. (NOTE: I	legistered Agent signature	- Constitution of the cons			
12.	O FICERS AND DIRECTORS	13.	ADDITION S/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	☐ DELETE	1.1 TITLE	1	XI Change	⟨□ Addition	
NAME		12 NAME	Chris M. Faber			
STREET ADDRESS		1.3 STREET ADDRESS				
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418			
TITLE	☐ DELETÉ	2.1 TITLE	1	Change	Addition	
NAME		2.2 NAME				
STREET ADDRESS		2.3 STREET ADDRESS				
CITY-ST-ZIP		2. 4 CITY- ST-ZIP				
TITLE	☐ DELETE	3.1 TITLE		Change	Addition	
NAME		3.2 NAME				
STREET ADDRESS		3 3 STREET ADDRESS			_	
CITY-ST-ZIP		3.4. CITY-ST-ZIP				
TITLE	☐ DELETE	4.1 TITLE		☐ Change	☐ Addition	
NAME		4.2 NAME				
STREET ADDRESS		4.3 STREET ADDRESS				
CITY-ST-ZIP		4.4 CITY-ST-ZIP				
TITLE	☐ DELETE	5.1 TITLE]	Change	Addition	
NAME		5.2 NAME				
STREET ADDRESS		5.3 STREET ADDRESS				
CITY-ST-ZIP		5.4 CITY-ST-ZIP				
TITLE	☐ DELETE	6.1 TITLE		Change	Addition	
NAME		6.2 NAME			-	
STREET ADDRESS		6.3 STREET ADDRESS				
CITY-ST-ZIP		6 4 CITY-ST-ZIP				

14. Thereby 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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Chris M. Faber, CEO

561-844-1857