

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000049727 (5)
1. Corporation Name

DE-BEST CO.

Principal Place of Business

4310 SHERIDAN STREET, #202
HOLLYWOOD FL 33021

Mailing Address

4310 SHERIDAN STREET, #202
HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/04/1997

4. FEI Number

65-0760222

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 200 East Las Olas Blvd

26 200 East Las Olas Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 1480

27 1480

City & State

City & State

23 Ft Lauderdale fl

28 Ft Lauderdale fl

Zip

Zip

24 33301

29 33301

Country

Country

25 USA

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~BURTON, ANDRE S~~
~~4310 SHERIDAN STREET, #202~~
~~HOLLYWOOD FL 33021~~

81 Name

Anthony Leventhal

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

200 East Las Olas Blvd #1480

83

84 City

Ft Lauderdale

FL

85 Zip Code
33301

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME LEVENTHAL, ANTHONY MARC
STREET ADDRESS 40005 HEMINGWAY DRIVE 200 East Las Olas Blvd
CITY-ST-ZIP FT. LAUDERDALE FL 33302 33301 #1480

TITLE VP ☐ DELETE
NAME NYMAN, MICHAEL
STREET ADDRESS 2000 RIVERA MANOR 200 East Las Olas Blvd #1480
CITY-ST-ZIP WESTON FL 33332 Ft Lauderdale FL 33301

TITLE ST ☐ DELETE
NAME FELKOWITZ, STEVEN A
STREET ADDRESS 8000 N.W. 8TH STREET 5015 Andrews Ave
CITY-ST-ZIP PLANTATION FL 33324 Ft Lauderdale fl 33301

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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: T.M. Leventhal President 7/13/98

CR2E034 (5/98)