

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90295 037 ***150.00

DOCUMENT # P97000049727

1. Corporation Name
DE-BEST CO.

Principal Place of Business
200 E LAS OLAS BLVD
SUITE 1480
FT LAUDERDALE FL 33301
US

Mailing Address
200 E LAS OLAS BLVD
SUITE 1480
FT LAUDERDALE FL 33301
US

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

POWER SMOOTHIE
Suite, Apt. #, etc.
2331 S UNIVERSITY #B
City & State
FT LAUDERDALE FL
Zip
33324 25 USA

2a. Mailing Address

26 POWER SMOOTHIE
Suite, Apt. #, etc.
27 2331 S UNIVERSITY #B
City & State
28 FT LAUDERDALE FL
Zip
29 33324 30 USA

9. Name and Address of Current Registered Agent

LEVENTHAL, ANTHONY
200 E LAS OLAS BLVD
SUITE 1480
FT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name
LEVENTHAL, ANTHONY
82 Street Address (P.O. Box Number is Not Acceptable)
2331 S UNIVERSITY DR #B
83
84 City
FT LAUDERDALE FL 85 Zip Code
33324

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

4/26/99

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	LEVENTHAL, ANTHONY MARC	200 E LAS OLAS BLVD, #1480	FT. LAUDERDALE FL 33301	<input type="checkbox"/>
VP	NYMAN, MICHAEL	200 E LAS OLAS BLVD, #1480	WESTON FL 33301	<input type="checkbox"/>
ST	FELKOWITZ, STEVEN A	501 S ANDREWS AVE	FT LAUDERDALE FL 33301	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
D		2331 S UNIVERSITY DR #B	FT LAUDERDALE, FL 33324	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
D		2331 S UNIVERSITY DR #B	FT LAUDERDALE, FL 33324	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4/26/99

CR2E034 (11/98)