

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

2. Principal Place of Business
POWER SMOOTHIE
Suite, Apt. #, etc.
2331 S UNIVERSITY #B
City & State
FT LAUDERDALE FL
Zip
33324 USA

2a. Mailing Address
26 POWER SMOOTHIE
Suite, Apt. #, etc.
27 2331 S UNIVERSITY #B
City & State
28 FT LAUDERDALE FL
Zip
29 33324 USA

3. Date Incorporated or Qualified
06/04/1997

4. FEI Number
65-0760222

5. Certificate of Status Desired Applied For
Not Applicable
\$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

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.

Anthony Leventhal
4/26/99

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

SIGNATURE: *Anthony Leventhal*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99
Date

Daytime Phone #

CR2E034 (11/98)