


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

FILED

May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000049973 (5)

1. Corporation Name
BEST CONCEPTS, INC.

Principal Place of Business
4713 NORTH OCEAN DRIVE
FORT LAUDERDALE FL 33308

Mailing Address
4713 NORTH OCEAN DRIVE
FORT LAUDERDALE FL 33308



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/06/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number X 65-0759104	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent EMERY, MICHAEL R 4875 NORTH FEDERAL HIGHWAY SEVENTH FLOOR FORT LAUDERDALE FL 33308		10. Name and Address of New Registered Agent	
81	Name	EMERY MICHAEL R.	
82	Street Address (P.O. Box Number is Not Acceptable)	1 FINANCIAL PLAZA	
83		SUITE 2020	
84	City	85	Zip Code
FT. LAUD	FL	33394	

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	PVST	1.1 TITLE	PRESIDENT
NAME	DEGOTHSEIR, LILLIAN L	1.2 NAME	PAUL POLITI
STREET ADDRESS	4713 NORTH OCEAN DRIVE	1.3 STREET ADDRESS	4711 N. OCEAN DR
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	1.4 CITY-ST-ZIP	FT. LAUD FL 33308
TITLE	D	2.1 TITLE	SECRETARY
NAME	DEGOTHSEIR, LILLIAN L	2.2 NAME	PAUL POLITI
STREET ADDRESS	4713 NORTH OCEAN DRIVE	2.3 STREET ADDRESS	4711 N. OCEAN DR
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	2.4 CITY-ST-ZIP	FT. LAUD FL 33308
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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; I am a registered 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 an attachment with an address.

SIGNATURE: Paul Politi President Paul Politi 4-21-98 (954) 788-9409

CR2E034 (10/97)