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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000084841 (0)

BEST BAILBONDS AGENCY, INC.

Principal Place of Business

Mailing Address

FILED Jun 18 1998 8:00am Secretary of State



6003 NW 31ST FORT LAUDER	AVENUE DALE FL 33309	6003 NW 31ST AVENUE FORT LAUDERDALE FL 33309				DO NOT WRITE IN THIS	SPACE		
	9 - - 					3. Date Incorporated or Qualified 09/30/1997			
2. Principal Pla	of Business	2a. Mailing Address				4. FEI Number	_ 	oplied For	
21	4	26				65-0787280		ot Applicable	
Suite, Apt. #	<u>:</u>	Suite, Apt. #, etc.				6. Certificate of Status Desired	\$8.75 . Fee Ro	Additional equired	
City & State	?	City & State				Election Campaign Financing Trust Fund Contribution		May Be to Fees	
Zip 24	Country 25	7ip	Zıp Cour 30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
	Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent					
ACH	IILE, JEAN R			81	Name				
	3 NW 31ST AVENUE		1	82	Street Addr	ress (P.O. Box Number is Not Acceptable)	-		
FOF	RT_LAUDERDALE FL 33309								
	i.			83					
				84	City	FI	-	Code	
office or re	adiaterod agent or both in the State	⊦of Horida. Such chance was :	authorized	1 hv	the coroorat	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing i pointment as	ts registered registered	
Ţ	n familiar with, and accept the oblig	ations of, Section 607.0505, FR	orida Stat	utes	•				
SIGNATURE	i. Si gnat ure, typed or panited name of registered agr	or and title if applicable (NOT	E Registered	d Ager	nt signature requi	red when reinstating) DATE			
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	D	☐ DELETE	1.1 TI	TLE			Change	Addition	
NAME	ACHILLE, JEAN R		1.2 N/	AME	ļ				
STREET ADDRESS	8003 NW 31ST AVENUE				ADDRESS				
CITY-ST-ZIP	FORT LAUDERDALE FL 3330		1.4 CI		r- ZiP		Change	Addition	
TITLE	<u> </u>	☐ DELETE	2.1 11		ŀ		∐ Change	Addition	
NAME			2.2 N						
STREET ADDRESS	ν		i i		ADDRESS				
CITY-ST-ZIP		DELETE	2.4 C		11-ZIP	the state of the s	Change	Addition	
TITLE NAME		<u></u>	3.1 N						
STREET ADDRESS	, =				ADDRESS			i	
CITY-ST-ZIP	•		3.4. C		1				
TITLE	:	DELETE	4.1 (1)				Change	Addition	
NAME	· -		4. 2 N	AME					
STREET ADDRESS			4.3 ST	REET	ADDRESS				
CITY-ST-ZIP	<u></u>		4.4 CI	TY- \$1	T- ZIP				
TITLE	3	DELETE	5.1 Tr	TLE			☐ Change	☐ Addition	
NAME	# # *		5.2 N/	AME					
STREET ADDRESS	2		5.3 SI	REET	ADDRESS				
CITY-ST-ZIP				TY - S1	T- ZIP			Trans.	
TITLE		DELETE	6.1 TC			1000025649 -06/19/98010170	Linange	Addition	
NAME	÷		6.2 N/			-U6/19/98010170	i06 ,	1 XIX 1	
STREET ADDRESS	\$ *				ADDRESS	***550.00	- (\mathcal{O}_{k}	
CITY-ST-ZIP	- 	cal, this filles does not more of a	6.4 Ct			Section 119.07(3)(i). Florida Statutes, 1 further	partify that the		

I nereby certify that the information supplied with this filling 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 confidence 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 challged, or on an attachment with an address.

0 00 boil 505