


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 01, 1999 8:00 am
Secretary of State
09-01-1999 90009 001 ***150.00

PROFIT CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P98000021869**

1. Corporation Name
BEST CONNECT CORPORATION

Principal Place of Business
**320 N. MARYDELL AVENUE
DELAND FL 32720**

Mailing Address
**POST OFFICE BOX 3578
DELAND FL 32723-3578**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/06/1998

4. FEI Number
59-3501791

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. ☒ Yes ☐ No

2. Principal Place of Business
**505 E. NEW YORK AVE
SUITE 1
DELAND, FL
32724**

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip **29 Country**

9. Name and Address of Current Registered Agent
**COX, JOHN R
320 N. MARYDELL AVENUE
DELAND FL 32720**

10. Name and Address of New Registered Agent


81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
<div><div><input type="checkbox"/> DELETE</div><div>D COX, JOHN R 320 N. MARYDELL AVENUE DELAND FL 32720</div></div>	<div><div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div><div>1.1 TITLE</div><div>1.2 NAME</div><div>1.3 STREET ADDRESS</div><div>1.4 CITY-ST-ZIP</div></div>
<div><div><input type="checkbox"/> DELETE</div><div></div></div>	<div><div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div><div>2.1 TITLE</div><div>2.2 NAME</div><div>2.3 STREET ADDRESS</div><div>2.4 CITY-ST-ZIP</div></div>
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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:  **SIGNATURE REQUIRED** **0/26/99** **904-788-9555**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)

BEST CONNECT CORPORATION
505 E. NEW YORK AVENUE, SUITE 1
DELAND, FL 32724
(904) 738-9555

P98000021869
611599-90009-1

August 26, 1999

Division of Corporations
Annual Reports Filings
P. O. Box 1500
Tallahassee, FL 32302-1500

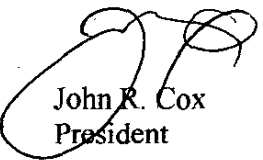
RE: Best Connect Corporation
Doc # P98000021869

To Whom It May Concern:

Enclosed please find our annual report and a check in the amount of \$150.00. Please be advised we never received the original annual report. Per a telephone conversation with your office we respectfully request abatement of the late filing penalty.

Your consideration in this matter is greatly appreciated.

Sincerely,


John R. Cox
President

/kjin

Enclosures