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).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000021869

BEST CONNECT CORPORATION

Mailing Address

Principal Place of Business

N. MARYDELL AVENUE

POST OFFICE BOX 3578

FILED Sep 01, 1999 8:00 am Secretary of State

09-01-1999 90009 001 ***150.00



** FL 32720)	DELAND FL 32723-3578			DO NOT V	WRITE IN THIS	SPACE	
					3. Date Incorporated or Quali		017102	
					03/06/1998			
Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number		I	Applied For
_ •	E. NEW YORK AVE	26			59-3501	191		lot Applicabl
Suite, Apt. #,	Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired \$8.75 Additions Fee Required			
City & State		City & State			6. Election Campaign Finance	ina		May Be
Nell	and Fl	28			Trust Fund Contribution	.	•	to Fees
Zip	Country	Zip	Cour	ntry	8. This corporation owes the	current year		
3277	25	29	30	•	Intangible Personal Proper		Yes	No
; .	9. Name and Address of Current I				10. Name and Address of No		Agent	
				81 Name				
COX, J			-	82 Street Add	drane (D.O. Bay Number is Not Aco	antable)		
320 N.	MARYDELL AVENUE		ļ	82 Street Add	dress (P.O. Box Number is Not Acc	eptable)		
DELAN.	D FL 32720		ŀ	83				
			l					
				84 City		FL	85 Zip	Code
	the provisions of sections 607.0502 a							
office or rec	gistered agent, or both, in the State of a familiar with, and accept the obligation	f Florida. Such change was	s authorized	by the corpora	ation's board of directors, I hereby a	ccept the appoir	ntment as r	registered
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GNATURE						D. ##		
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GNATURE	OFFICERS AND	DIRECTORS	13.		equired when reinstating) ADDITIONS/CHANGES TO			
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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.

----NATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/26/99 904-708-90

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,

President

/kjn

Enclosures

John R. Cox