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Secretary of State

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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # P98000057965

1. Corporation Name
BEST COOKIE COMPANY



Principal Place of Business
 16384 NW 21 STREET
 PEMBROKE PINES FL 33028

Mailing Address
 16384 NW 21 STREET
 PEMBROKE PINES FL 33028

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1998

4. FEI Number

65-0851956

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax.☒

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21 10901 SW 42nd PL

26 10901 SW 42nd PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

27 City & State

23 Davie FL

27 Davie FL

24 Zip Country

29 Zip Country

24 33328

29 33328

9. Name and Address of Current Registered Agent

MOH, SALLY
 16384 NW 21 STREET
 PEMBROKE PINES FL 33028

10. Name and Address of New Registered Agent

81 Name

Lin, Lillian

82 Street Address (P.O. Box Number is Not Acceptable)

10901 SW 42nd PL

84 City

Davie

FL

85 Zip Code

33328

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 remaining)

DATE

3/15/99

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME MOH, SALLY
 STREET ADDRESS 16384 NW 21 STREET
 CITY-ST-ZIP PEMBROKE PINES FL 33028

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

P.O.

☐ Change ☐ Addition

1.2 NAME

Lin, Lillian

1.3 STREET ADDRESS

10901 SW 42nd Place

1.4 CITY-ST-ZIP

Davie, FL 33328

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition

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 807, 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:

SIGNATURE REQUIRED LILLIAN LIN

Date

Daytime Phone #

1/20 954-565-9500

CR2E034 (11/98)