

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

PROFIT CORPORATION ANNUAL REPORT 1999



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

OFFICE OF THE SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P98000073766**
 1. Corporation Name
BEST RATE REFERRAL SERVICE INC

Principal Place of Business Mailing Address
5432 NORTHWEST AVENUE FT LAUDERDALE, FL 33309

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified
8-24-98

2. Principal Place of Business 2a. Mailing Address
 21. **Same** 26. **Same**
 22. Suite, Apt. #, etc. 27. Suite, Apt. #, etc.
 23. City & State 28. City & State
 24. Zip Country 29. Zip Country 30.

4. FEI Number Applied For
15-0863341 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
 7. This corporation owes the current year Intangible Personal Property Tax Yes No

9. Name and Address of Current Registered Agent
**CSC Networks
 1201 HAYS STREET
 Tallahassee FL 32301**

10. Name and Address of New Registered Agent
 81. Name **Charlotte Kaback**
 82. Street Address (P.O. Box Number is Not Acceptable)
5432 NW FIRST AVE
 83.
 84. City **Ft Lauderdale** FL 85. Zip Code **33309**

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 607.0506, Florida Statutes.
 SIGNATURE **Charlotte Kaback** DATE **2/5/99**

12. OFFICERS AND DIRECTORS

TITLE	President - Director <input type="checkbox"/> DELETE
NAME	Seymour Sperling
STREET ADDRESS	1167 Hillsboro MDr 33062
CITY-ST-ZIP	Hillsboro Beach, FL
TITLE	Treasurer - Director <input type="checkbox"/> DELETE
NAME	Peter Koeppl
STREET ADDRESS	16200 Dallas Hwy Dallas TX
CITY-ST-ZIP	75278
TITLE	Secretary - Director <input type="checkbox"/> DELETE
NAME	Charlotte Kaback
STREET ADDRESS	3651 NW 35 ST
CITY-ST-ZIP	COCONUT CREEK FL 33066
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	200002774592-4
13 STREET ADDRESS	-02/15/99 -01014 --009
14 CITY-ST-ZIP	****150.00 ****150.00
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 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, with all other like empowered.
 SIGNATURE **Charlotte Kaback** DATE **2/5/99**