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FILE NOW: FILING FEE AFTER MAY 181 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000075610
Corporation Name
BEST FRIENDS CO. OF CENTRAL FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 MAY 1 PM 1:28

547383 - 90022 - I



Principal Place of Business
SEVENTH AVE N
PETERSBURG FL 33713

Mailing Address
2301 SEVENTH AVE N
ST PETERSBURG FL 33713

DO NOT WRITE IN THIS SPACE

Principal Place of Business
Subs. Apt. #, etc.
City & State
Zip Country

Mailing Address
Subs. Apt. #, etc.
City & State
Zip Country

3. Date Incorporated or Qualified
08/27/1998
4. FEI Number
59-3553784
Applied For
Not Applicable
5. Certificate of Status Desired
6. Election Campaign Financing
Trust Fund Contribution
7. This corporation owns the current year Intangible
Personal Property Tax.

8. Name and Address of Current Registered Agent
WIENHOLD, MARGARET
2301 SEVENTH AVE N
ST PETERSBURG FL 33713

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 33713

1. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	2. NAME	1.1 TITLE	1.2 NAME
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP
1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP	2.1 TITLE	2.2 NAME
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP
2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP	3.1 TITLE	3.2 NAME
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP
3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP	4.1 TITLE	4.2 NAME
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-STATE-ZIP
4.3 STREET ADDRESS	4.4 CITY-STATE-ZIP	5.1 TITLE	5.2 NAME
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP
5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP	6.1 TITLE	6.2 NAME
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-STATE-ZIP
6.3 STREET ADDRESS	6.4 CITY-STATE-ZIP		

4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(b), 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 law empowered.

SIGNATURE: *Margaret Wienhold*

4/28/99