

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Sep 14 1998 8:00am**  
**Secretary of State**

**DOCUMENT #** **507876**  
1. Corporation Name  
**BEST LOTS, INC.**

Principal Place of Business Mailing Address  
**P.O. BOX 1169** **P.O. BOX 1169**  
**LEHIGH ACRES, FL. 33970** **LEHIGH ACRES, FL. 33970**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <b>301 OHIO ROAD</b>		26 <b>P.O. BOX 1169</b>		9/14/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0222750	
City & State		City & State		Applied For	
23 <b>LEHIGH ACRES, FL.</b>		28 <b>LEHIGH ACRES, FL.</b>		Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 <b>33936</b>		29 <b>33970</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
25 <b>LEE</b>		30 <b>LEE</b>			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ALBERT WILK P.O. BOX 1144 LEHIGH ACRES, FL. 33970		81 Name <b>LUBA WILK</b>	
		82 Street Address (P.O. Box Number is Not Acceptable) <b>301 OHIO ROAD</b>	
		83	
		84 City <b>LEHIGH ACRES</b>	
		85 Zip Code <b>FL 33936</b>	

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 *Luba Wilk* **LUBA WILK, PRESIDENT** **8/31/98**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <b>ALBERT WILK</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALBERT WILK</b>	1.2 NAME	
STREET ADDRESS	<b>301 OHIO ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LEHIGH ACRES, FL. 33936</b>	1.4 CITY-ST-ZIP	
TITLE	PD <b>LUBA WILK</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LUBA WILK</b>	2.2 NAME	
STREET ADDRESS	<b>301 OHIO ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LEHIGH ACRES, FL. 33936</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE *Luba Wilk* **LUBA WILK, PRESIDENT**

**8/31/98**

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**\*\*\*61.25**

*12/9-14*