

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

DOCUMENT # S81085

1. Corporation Name

AMERICA'S BEST REALTY, INC.

Principal Place of Business

2400 N. UNIVERSITY DRIVE
SUITE 209-A
PEMBROKE PINES FL 33024

Mailing Address

2400 N. UNIVERSITY DRIVE
SUITE 209-A
PEMBROKE PINES FL 33024

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90021 010 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/18/1991

4. FEI Number

65-0289509

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 7198 Taft Street

Suite, Apt. #, etc.

22 City & State

23 Hollywood, FL

24 33024 25 Broward

26 7198 Taft Street

27 Suite, Apt. #, etc.

28 Hollywood, FL

29 33024 30 Broward

9. Name and Address of Current Registered Agent

OLENCHAK, STEPHEN K.
2400 N. UNIVERSITY DRIVE
SUITE 209-A
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent

81 Name

Olenchak Stephen K.

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

7198 Taft Street

83

84 City

Hollywood

FL

85 Zip Code

33024

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 *Stephen K. Olenchak President*

12/30/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME P
STREET ADDRESS OLENCHAK, STEPHEN K
CITY-ST-ZIP 7790 NW 6 ST
PEMBROKE PINES FL

TITLE ☐ DELETE
NAME S
STREET ADDRESS OLENCHAK, STEPHEN K
CITY-ST-ZIP 7790 NW 6 ST
PEMBROKE PINES FL

TITLE ☐ DELETE
NAME T
STREET ADDRESS OLENCHAK, STEPHEN K
CITY-ST-ZIP 7790 NW 6 ST
PEMBROKE PINES FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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☐ 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 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: *Stephen K. Olenchak*

Signature and typed or printed name of signing officer or director

12/30/98 954-964-4664

Date

Daytime Phone #

0143987

CR2E034 (11/98)