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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L78263 (5)

BELMAN, INC.

**FILED** Feb 18 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						TO CON MISSIS BIRST	litii Aibu Aitu	. 81811 (441
1200 S. PINE ISLAND ROAD P. O. BOX 18205 N/A								
140   Plantation FL 33324		PLANTATION FL 33318-9205 US			DO NOT WRITE IN THIS SPACE			
US	FL 93024	03		3. Date	3. Date Incorporated or Qualified			
					/04/1990			
	lace of Business	2a. Mailing Address	11 5	4. FEI	Number		Ar	oplied For
	NW 4 STREET	26 7481 NW	4 STAt	667 <u>6</u>	5-0192845		No	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Cerl	tificate of Status Desired		\$8.75	
22		27						equired
City & Stal	DATION) FIA	City & State			tion Campaign Financin	g 🗖	\$5.00	
23 PLANTATION, FLA 28 PLANTATION Zip Country Zip			Country		t Fund Contribution		Added	
24 33317 25 USA 29 33317 30			1000my US7	76 I	corporation owes or has sonal Property Tax due J	· —		angible   No
9, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
					AYNE VEREBAY			
I ALLE STREET				Address (P.O. Box Number is Net Acceptable)				
FT LAUDERDALE FL 33326			770	O N	Ê 799°	571	5551	7
			83	5017	5 204			İ
			84 City	MIRN		FL		Code
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 LAYNE VEREBRY  Signature, typed or printed name or registered agent and title if applicable (NOTE: Registered agent signatured when reinstating)  DATE								
12.	OFFICERS AND		13.		TIONS/CHANGES TO OI	FFICERS AND	DIRECTOR	RS IN 12
TOTLE	D	X DELETE	1.1 TITLE				Change	Addition
NAME	Zelman, Alan		1.2 NAME					
STREET ADDRESS	1146 GINGER CIR		1.3 STREET ADDRESS					
CITY-ST-ZIP	FT LAUDERDALE FL 33326		1.4 CITY - ST - ZIP					
TITLE	Р	☐ DELETE	2.1 TITLE				Change	Addition
NAME	BICK, MARIO		2.2 NAME					
STREET ADDRESS	15091 FEATHERSTONE WAY		2.3 STREET ADDRESS					
CITY-ST-ZIP	DAIVE FL		2. 4 City-St-ZIP					
TITLE	_	DELETÉ	3.1 TITLE				Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					,
CITY-ST-ZIP			3.4. CITY-ST-ZIP					
TITLE		DELETE	4.1 TITLE				L. Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY - ST - ZIP					
TITLE			5.1 TITLE			ļ	■ Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST-ZIP				<u> </u>	
TITLE		<del></del>	6.1 TITLE				Change	Addition
NAME		4	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:

1-28-98

954-792-1113