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

**FILED** Mar 13 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT** # P9400005352 (7) FRED BELES, P.A. Principal Place of Business Mailing Address 7180 BENEVA RAOD 7160 BENEVA RAOD SARASOTA FL 34338 SARASOTA FL 34338 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/13/1994 Mailing Address Applied For 26 8388 TOTTER Not Applicable 65-0457201 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 8 State 6, Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees ATOZA YA Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 21 Name BELES, FRED 7160 BENEVA ROAD Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34238 **B3** 84 City 85 Zip 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, typod or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE Change Addition NAME BELES, FRED 1.2 NAME 1950 LANDINGS BLVD. STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL 34231 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 2.1 TITLE Addition NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE ☐ Change ☐ Addition TITLE 4.1 TiTLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change TITLE 5.1 TITLE ☐ Addition 5.2 NAME STREET ADORESS **5.3 STREET ADDRESS** 

54 CITY-ST-ZIP

6.3 STREET ADDRESS 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 frue and accurate and that my signature shall have the same legal effect as if made under eath; 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 of organ attachment with an address.

6 1 TITLE

6.2 NAME

DELETE

OF SIGNING OFFICER OR DIRECTOR

**SIGNATURE:** 

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Change

Addition