

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

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**FILED**

97 OCT 14 PM 3:48

**DOCUMENT # P96000061549 (7)**

1. Corporation Name  
**SUGAR BELLE CORP.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business: 115 LANDMARK ST MARCO ISLAND FL 34145  
Mailing Address: 115 LANDMARK ST MARCO ISLAND FL 34145-4422

3. Date Incorporated or Qualified: **07/22/1996**  
3a. Date of Last Report:   
4. FEI Number:   
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
6. This corporation has liability for intangible tax under s 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 215 LAKEVIEW AVE  
Suite, Apt. #, etc.: 22 Apt 4  
City & State: 23 CANTANA FL  
Zip: 24 33462  
Country: 25 Palm Beach  
2a. Mailing Address: 26 215 LAKEVIEW AVE  
Suite, Apt. #, etc.: 27 Apt 4  
City & State: 28 CANTANA FL  
Zip: 29 33462  
Country: 30 Palm Beach

9. Name and Address of Current Registered Agent  
**EGNER, THEODORE K**  
3067 E COMMERCIAL BLVD  
FT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent  
B1 Name:   
B2 Street Address (P.O. Box Number is Not Accepted): **200002323542-5**  
B3: **-10/17/97-01114-002**  
**\*\*\*\*165.00 \*\*\*\*165.00**  
B4 City: **FL** B5 Zip Code: **85**

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: *[Signature]* DATE: **Sept 10, 97**

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	MARC Bontislio	
STREET ADDRESS	215 LAKEVIEW AVE	
CITY-ST-ZIP	CANTANA FL 33462	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	NICHOLAS Bontislio	
STREET ADDRESS	215 LAKEVIEW AVE	
CITY-ST-ZIP	CANTANA FL 33462	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: *[Signature]* DATE: **9/10/97**

CR2E034 (9/96)