## 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

DOCUMENT # S04585

(3)

BELLINO ENTERPRISES, INC.

Mailing Address Principal Place of Business 1081-62 AVENUE SOUTH 1081-62 AVENUE S. ST PETERSBURG FL 33705 ST PETERSBURG FL 33705 3. Date Incorporated or Qualified 3a. Date of Last Report 08/06/1996 09/14/1990 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3031778 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be **Trust Fund Contribution** Added to Fees 28 23 Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BELLION, LINDA L. 1081 62ND AVENUE, SOUTH Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33705 83 64 City 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 it am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typod or printed name of registered agont and tipe if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELET! 1.1 TITLE Change Addition HILE BELLINO, LINDA L. 1.2 NAME LAME 5134 29TH AVE N STREET ADDRESS 1.3 STREET ADDRESS ST PETERSBURG FL 1.4 CITY - ST- ZIP CHY-ST-ZIP ☐ DELET Change Addition TELLE 2.1 TITLE 22 NAME NAME 2.3 STREET ADDRESS STHEET ADDRESS 2. 4 CITY - ST - 7IP CITY - S1 - ZIP DELET Change Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CHTY - ST - ZIP ☐ DELET Change Addition 4.1 TITLE THEE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP DELETE 5.1 TiTLE Changé Addition THE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5 4 CITY - ST - ZIP CITY - S1 - ZIP DELETE Change Addition 6.1 TITLE THLE 6.2 NAME NAME

**6.3 STREET ADDRESS** 

6.4 CITY - ST-ZIP

STREET ADDRESS

CITY - ST - 7(P)

14. I do hereby certify that the information supplied with this filing does not qually 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 it planged or on an attaphment with an address. 4-27-97 813-807-7409

**FILED** 

May 15 1997 8:00am

Secretary of State