FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # J57855 (5)

1. Corporation Name

ALLIED BELLEAIR, INC.

Principal Place of Business

2601-2633 JEWEL ROAD
BELLEAIR BLUFFS FL 33540
US

Mailing Address

C/O TROPICAL ISLES REALTY, INC.
2117 GULF BLVD.
INDIAN ROCKS BCH. FL 34635
US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 | Country 25

2a. Mailing Address
26 492 HARBOR DRIVE N.
Suite, Apt. #, etc.
27
City & State
28 INDIAN ROCKS BEACH
Zip 29 FL. 34635 | Country 30 USA

3. Date Incorporated or Qualified: 02/17/1987

3a. Date of Last Report: 04/17/1995

4. FEI Number: 59-2891016 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RONDEAU, IRENE R
2117 GULF BLVD.
INDIAN ROCKS BEACH FL 34635

10. Name and Address of New Registered Agent

81 Name: MIKE SABET
82 Street Address (P.O. Box Number is Not Acceptable): 492 HARBOR DRIVE N.
83
84 City: INDIAN ROCKS BEACH FL 85 Zip Code: 34635

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: Mike Sabet [signature] 3/8/96
Signature, typed or printed name of registered agent and title if applicable — DATE

12. OFFICERS AND DIRECTORS

TITLE	DVP	[redacted]
NAME	SABET-NIA, MODJTABA	
STREET ADDRESS	2601-2633 JEWEL ROAD	
CITY-ST-ZIP	BELLEAIR BLUFFS FL	
TITLE	T	☒ DELETE
NAME	RONDEAU, IRENE R	
STREET ADDRESS	2117 GULF BLVD.	
CITY-ST-ZIP	INDIAN ROCKS BEACH 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		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SABET, MIKE	☒ Change ☐ Addition
1.2 NAME	492 HARBOR DRIVE N.	D/P
1.3 STREET ADDRESS	INDIAN ROCKS BEACH	
1.4 CITY-ST-ZIP	FL. 34635	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME	—	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME	000001763750	
5.3 STREET ADDRESS	-04/01/96--01013--021	
5.4 CITY-ST-ZIP	***200.00	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		JN 3.29
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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] MIKE SABET 3/8/96 (813) 593-7573
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #