**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 354273

1. Corporation Name

BELLAERO, INC.

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Principal Place	e of Business	· · · ·	Ма	iling Address					i i i i i i i i i i i i i i i i i i i		1(1 <b>010</b> 14 <b>0</b> 1		
2060 J & C BLVD. NAPLES FL 33942 US			2060 J & C BLVD. Naples Fl. 33942 US					DO NOT WRITE IN TH	IS SPA	CE			
00			00						3. Date Incorporated or Qualifed 10/21/1969				
2. Principal Pl	2a.	2a. Mailing Address					4. FEI Number			lied For	-		
21	26						59-1281091	¢.	8.75 A	Applicable	+		
Suite, Apt.	Suite, Apt. #, etc.						5. Certifcate of Status Desired		Fee Rec	quired	_		
City & State	يسينس سيسين	City & State						6 Election Campaign Financing		<b>55:00</b> i Added to	•	-	
Zip Country			— — — — — — — — — — — — — — — — — — —			Country	,		8. This corporation owes the current year		ole	□No	1
24	25   9. Name and Address of Curro			29 30		)  			Personal Property Tax.  10. Name and Address of New Registere				1
	9. Name and	Address of Current	Regist	erea Agent		81	T N	Name	10. Name and Address of New Yorks	<u> </u>			1
BELL, DOUGLAS 3120 ANDORRA COURT						82	: \$	Street Addres	ss (P.O. Box Number is Not Acceptable)				-
NAPLES FL 33942						83	1						1
						84	ı c	City		8:	Zip C	ode	1
									F	_	ming its		4
office or r	registered agent	of Sections 607.0502 or both, in the State on nd accept the obligat	of Hiorid	a. Such chand	e was auบ	ionzea by	' ine	amed corpor e corporation	ration submits this statement for the purpose 's board of directors. I hereby accept the app	ointme	nt as reg	istered	
SIGNATURE			A of Alab- 1	f continoble	(MOTE: De	ruetorad Ana	ot eic	gnature required v	when reinstation) DATE				1
12.	Signature, typed or pri	nted name of registered agen OFFICERS AN			(NOTE. N	13.	nit aig	Birardie iadailea	ADDITIONS/CHANGES TO OFFICERS	AND D	RECTO	RS IN 12	1
TITLE	PSTD	0,11021107111	<i>5</i> 5	DE	LETE	1.1 TITLE					Change	Addition	7
NAME	BELL, DOUG	LAS T				1.2 NAME							
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CITY-ST-ZIP	<u> </u>				LETE	6.1 TITLE	. ; - <u>L</u> l	<u>"</u>			Change	Addition	1

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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE

NAME

STREET ADORESS

CITY-ST-ZIP

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90257 027 \*\*\*150.00