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Jan 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 497012 (5)

1. Corporation Name
BELLE LEA ACRES, INC.



Principal Place of Business

Mailing Address

13497 S.E. HWY. 301
SUMMERFIELD FL 32691

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SUMMERFIELD FL 32691

3. Date Incorporated or Qualified
02/20/1976

3a. Date of Last Report
01/24/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

59-1897271

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

10. Name and Address of New Registered Agent

CONIGLIO, C. JOHN
RT. 1, BOX 825
SUMMERFIELD FL 32691

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME PLOCHARCZYK, C.S.
STREET ADDRESS 13497 S.E. HWY. 301
CITY-ST-ZIP SUMMERFIELD FL

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

TITLE VD
NAME PLOCHARCZYK, JR. C
STREET ADDRESS 4940 HAYNES AVE
CITY-ST-ZIP INDIANAPOLIS IN

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

TITLE DS
NAME GAY, SUZANNE
STREET ADDRESS 2039 N.W. 102 TERRACE
CITY-ST-ZIP CORAL SPRINGS FL

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

TITLE D
NAME GAY, PHILLIPS G., III
STREET ADDRESS 6144D
CITY-ST-ZIP CHARLOTTE N.

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. I do hereby certify that information indicated or I am an officer or direct appears in Block 12 or

C. S. Plocharczyk
P.O. Box 2040
Fort Mc Coy, FL 32184-2040

ot qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the port is true and accurate and that my signature shall have the same legal effect as if made under oath; that empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name an address.

SIGNATURE:

C. S. Plocharczyk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-97 352-2360823
Date Day/Time Phone

0530145

CR2E034 (9/96)