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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 733176

1. Corporation Name

BELLES & BEAUS SINGLES, INC.

Principal Place of Business

**MARKS ST SR. COMPLEX
99 E. MARKS ST
ORLANDO FL 32803
US**

Mailing Address

**P.O. BOX 523
ORLANDO FL 32802
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip **25** Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **30** Country

29 **30**

3. Date Incorporated or Qualified

06/26/1975

4. FEI Number

59-1607981

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

9. Name and Address of Current Registered Agent

**COLEMAN, LORRAINE
1221 CARRIAGE LANE
ORLANDO FL 32807**

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Lorraine H. Coleman*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-2-99

12. OFFICERS AND DIRECTORS

TITLE **V** ☐ DELETE
NAME **NEWHALL, WILBERT**
STREET ADDRESS **13230 LIME AV**
CITY-ST-ZIP **GRAND ISLAND FL**

TITLE **P** ☐ DELETE
NAME **DICHIARA, NICK**
STREET ADDRESS **4510 KATIE LANE**
CITY-ST-ZIP **ORLANDO FL**

TITLE **T** ☐ DELETE
NAME **HALL, TRUDY**
STREET ADDRESS **410 CAPEHART DR.**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ DELETE
NAME **MIFFLIN, BETTYE**
STREET ADDRESS **242 NOB HILL CIRCLE**
CITY-ST-ZIP **LONGWOOD FL**

TITLE **D** ☐ DELETE
NAME **YOWELL, ANN**
STREET ADDRESS **2636 N WESTMORELAND DR**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ DELETE
NAME **COLEMAN, LORRAINE**
STREET ADDRESS **1221 CARRIAGE LANE**
CITY-ST-ZIP **ORLANDO FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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

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 617, 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.

SIGNATURE: *Lorraine H. Coleman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-2-99 (407) 277-4265

CR2E037 (1/98)