## 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 # F08239

(8)

BELLA BUILDERS, INC.

## **FILED** Apr 30 1997 8:00am Secretary of State

Principal Plac	e of Business	Mailing Address			1 BIBIT 81811 81811 81811 81811 81811 188	
CAPE CORAL I	S.E. 9TH PL.	4636B S E 9904-9016	TH PLACE			
				3. Date Incorporated or Qualified 12/08/1980	3a. Date of Last Report 04/18/1996	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		<u>59-2048549</u>	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for		
24	25		30		Yes 🔲 No	
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Re	agistered Agent	
	,A, PAUL M.		81 Name	la, Paul M.		
- <del>5620 SW 14TH PLACE</del> -				eet Address (P.O. Box Number is Not Acceptable)		
CAPE CORAL FL 83914			4636B SE 9th Place			
			1831	e Coral, FL 33904		
			<b>84</b> City		85 Zip Code	
11 Pureuant	to the provisions of Sections 607.00	.02 and 607 1609. Florida Statutou	the shows parced a		FL   S   Z   P OOCIE	
office or r	egistered agent, or both, in the Stal	ie of Florida. Such change was au	s, the above-hamed c thorized by the corpo	orporation submits this statement for the oration's board of directors. I hereby acce	purpose of changing its registered pt the appointment as registered	
agent. ra	m familiar with, and accept the obli	gations of, Section 607.0505, Flori	ida Statutes.			
SIGNATURE	Signature, typod or printed name of registered a	pout and life ? applicable. /MOTA	Registered Agent signature re	or and the second second	DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF		
TITLE	PTD	DELETE	1.1 THE	PTD	X Change Addition	
NAME	BELLA, PAUL M.		1.2 NAME	<del>-</del> -		
STREET ADDRESS	1923 SE 40TH TERRACE		1.3 STREET ADDRESS	ACOCO SE 9th Place	<b>:</b>	
CITY-ST-ZIP	CAPE CORAL FL		1.4 CITY - S1 - ZIP	Bella, Paul M. 46368 SE 9th Place 46368 Coral, FL 33	904	
TITLE	SVD	X DELETE	2.1 TITLE		Change Addition	
NAME	BELLA, KAREN I.		2.2 NAME			
STREET ADDRESS	1923 SE 40TH TERRACE		2.3 STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL		2. 4 CITY - ST - ZIP			
TITLE		☐ DELETE	3.1 1ITLE		☐ Change ☐ Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. C/TY - ST - Z/P			
TITLE		☐ DELETE	4 1 TITLE		Change Addition	
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CHY-ST-ZIP			
TITLE		L DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	5.4 CITY - ST - ZIP			
TITLE		DELETE	G.1 TITLE	*	Change Addition	
NAME OTOTEX ADDRESS			6.2 NAME			
STREET ADDRESS			63 STREET ADDRESS		, <u> </u>	

I do 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 changer) or on an attachment with an address.

changer) or on an attachment with an address.