FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F08239

(8)

FILED Apr 24 1998 8:00am Secretary of State

	BELLA B	UILDERS	, INC.	Mailing Address								
46368 SE 9TH PL				4640 SE 9 PLACE								
CAPE CORAL FL \$3904				CAPE CORAL FL 339	CAPE CORAL FL 33904				DO NOT WRITE IN THIS \$PACE			
US								3. Date Incorporated or Qualified				
								12/08/1980				
	rincipal Plac	ce of Busine	ess	2a, Mailing Address				4. FEI Number		Applied For		
21				²⁶ 4636B S.	26 4636B S. E. 9TH PLACE				59-2048549		Not Applicable	
S	uite, Apt. #,	etc.		Suite, Apt. #, etc.						5 Additional		
22				27					g. Communication of change of control	Fee	Required	
	ity & State			City & State	0.000 00041 51				6. Election Campaign Financing		00 May Be	
23 Z	ip		Country	· · · · · · · · · · · · · · · · · · ·	Zip Country				Trust Fund Contribution 8. This corporation owes or has paid		ed to Fees	
24	-		25	29 33904		USA	•		Personal Property Tax due June 30		□ No	
=:1			and Address of Curre		157	חכט	· · · · ·		10. Name and Address of New Regis			
BELLA, PAUL M								·				
4636B SE 9TH PLACE CAPE CORAL FL 33904							82 Street Address (P.O. Box Number is Not Acceptable) 83					
							City			FL T	ip Code	
	agent Lam NATURE	familiar with	n, and accept the oblig	ations of, Section 607.0505	atutes, the as authori , Florida S	e abov ized b Statule	e-named of the corporate of the corporat	corpo oratio	ration submits this statement for the pur n's board of directors. I hereby accept t	pose of changin he appointment	g its registered as registered	
Signature, typed or profind name of registered agent and title diapplicable (NO7E Registere							ont signature t	required	when reinstating)	DATE		
12.		PTD	OF ICERS AN	ID DIRECTORS DELETE		1 TITLE			ADDITIONS/CHANGES TO OFFICE	RS AND DIRECT		
NAME		BELLA, P.	Atil M			2 NAME				L_J Chang		
-	T ADDRESS		9TH PLACE				I ADDRESS					
CITY-		CAPE CO			4	4 CITY-S						
TITLE	31-211	SVD	144616	DELETE		1 TITLE	31-211)	X Chang	ge Addition	
NAME		BELLA, K	AREN I.		2.	2 NAME						
STREET	T ADDRESS		40TH TERRACE		2.3 STREET ADDRESS		Z	BELLA, KAREN I. 1585 TRAWLER CT. #202				
CITY-	ST-ZIP	CAPE CO	RAL FL		2.	4 CITY-	ST-ZIP	F	ORT MYERS, FL 33919		ļ	
TITLE		7		DELETE		1 TITLE			S/V/D/	Chang	ge 🔀 Addition	
NAME					3.	2 NAME			GREGORY P. BELLA			
STREET	T ADORESS				3.	3 STREET	ADDRESS		1112 S. W. 23RD AVE.			
CITY-	ST-ZIP			··	3.	4 CITY-	ST-ZIP		CAPE CORAL, FL 33914	**************************************		
TITLE				☐ DELETE	4.	1 TITLE			· _ · · · · · · · · · · · · · · · · · ·	Chang	je 🔲 Addition	
NAME					4.	2 NAME						
STREET	T ADDRESS				4.	3 STREET	ADDRESS					
CITY-S	ST-ZIP					4 CHY-S	31 - ZIP					
TITLE				☐ DELETE		1 TITLE	į			Chang	ge 📙 Addition	
NAME	i					2 NAME						
	TADDRESS						ADDRESS					
CITY-S	SI-ZIP			DELETE		<u>4 City-s</u> 1 Title	ST-ZIP			Chang	e Addition	
				L_ DETEIR							ie Moninou	
NAME						2 NAME 2 CTOSCT	, ADDOCCO					
	T ADDRESS						ADDRESS					
CITY-S		tify that the	information supplied w	oth this filing does not quali		4 CITY - S exemn		in S	action 119 07(3)(i) Florida Statutes I fur	ther certify that	the information	

Indicated on this annual report or supplied with this filing doos not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio 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.

4/15/98

941-549-2440