PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000001781

1. Corporation Name BEL RAE, INC.					1 (40)(80 H)# 18(80	illifi Bulli aqili balil dati	40:0 : 21 0 : 1 540 : 6	31 0 1 11 0 1 1001
Principal Place of Business Mailing Address								
ATTN: PRESIDENT		ATTN: PRESIDENT						
440 BONNER ROAD		440 BONNER ROAD		DO NOT MIDITE IN THIS SPACE				
WAUCONDA IL 60084		WAUCONDA IL 60084		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
					04/12/1993	Qualifeo		
2. Principa I P	lace of Business	2a. Mailing Address			4. FEI Number		Apr	lied For
26					36-2933342		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				Desired \square	\$8.75 A	dditional
22		27			5. Certifcate of Status I	Jesired	Fee Re	uired
City & State		City & State			6. Election Campaign f	Financing	\$5.00	· · · · · · · · · · · · · · · · · · ·
23		28		Trust Fund Contribu	tion	Added to	Fees	
Zip			Country		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No			¬NA
24	9. Name and Address of Curre		30		10. Name and Address			
	. Name and Address of Curre	The Registered Agent	81	Name	Tot Home direction			
CTO	CORPORATION SYSTEM							
1200	SOUTH PINE ISLAND ROAD		82	Street Add	Iress (P.O. Box Number is N	ot Acceptable)		
PLAN	NTATION FL 33324		83					
							as Zin C	odo
			84	City		FL	85 Zip C	ode
office or n agent. I a	to the provisions of S ections 607.05 egistered agent, or both, in the Statim familiar with, and a coept the oblig	e of Florida. Such change was au	thorized by	the corporat	poration submits this statema ion's board of directors. I hei	ent for the purpose o reby accept the appo	f changing its r sintment as rec	egistered istered
SIGNATURE	Signature, typed or printed name of registered ag	gen and title if applicable (NOTE.	Registered Agen	t signature requir	ed when reinstating)	DATE		
12.		ND DIRECTORS	13.		ADDITI DNS/CHANGE	ES TO OFFICERS A		
TITLE	PD	☐ DELETE	1.1 TITLE				Change	☐ Addition
NAMÉ	JOHNSON, ROBERT S							
STREET ADDRI .SS	RI.SS 17144 YEARLING WADSWORTH IL 60083		1.3 STREET ADDRESS					
CITY-ST-ZIP	WADSWORTH IL 60083		1.4 CITY-ST 2.1 TITLE	r-zip			☐ Change	Addition
TITLE		□ beccie	2.2 NAME					
NAME				ADDRESS				
STREET ADDRESS			2.4 CITY-S					
CITY-ST-ZIP TITLE		☐ DELETE	3.1 TITLE				☐ Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY-ST-ZIP			3.4. CITY- S	T- ZIP				
TITLE		☐ DELETE	4.1 TITLE				☐ Change	☐ Addition
NAME			4.2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE				Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS			53 STREET					
CITY-ST-ZIP		□ DELETE	5.4 CITY-ST 6.1 TITLE	-216			☐ Change	Addition
TITLE		☐ DETEIF	6.7 NAME					

14. I hereby certify that the information supplied with this filing does not qualify 1or the exemption stated in Section 119.0 (3)(i), Florida Statutes. I further partify 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 the my name appears in Block 12 or Block 13 if changed, or on an attacturent with an actives, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADORUSS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-15 347-521-7957

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90172 022 ***150.00