

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90130 030 ***150.00

DOCUMENT # F98000002298

1. Corporation Name

BELAIR FINANCIAL SERVICES, INC.



Principal Place of Business

3020 NW 33RD AVE.
FT. LAUDERDALE FL 33311

Mailing Address

3020 NW 33RD AVE.
FT. LAUDERDALE FL 33311

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/22/1998

4. FEI Number

57-1048525

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 320 Walworth Lane

Suite, Apt. #, etc.

22

City & State

23 Eustawville SC

Zip

24 29048

Country

25 US

2a. Mailing Address

26 320 Walworth Lane

Suite, Apt. #, etc.

27

City & State

28 Eustawville SC

Zip

29 29048

Country

30 US

9. Name and Address of Current Registered Agent

FUHRMEISTER, J. CHRISTOPHER
7177 WEST OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81

Name Glenn M. Gallant

82

Street Address (P.O. Box Number is Not Acceptable)
1260 E. Oakland PK Blvd.

83

84

City Ft. Lauderdale

FL

85 Zip Code

33334

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CS ☐ DELETE

NAME GALLANT, GLENN
STREET ADDRESS 3020 NW 33RD AVE.
CITY-ST-ZIP FT. LAUDERDALE FL 33311

TITLE DP ☐ DELETE

NAME BEATZ, DOUGLAS
STREET ADDRESS 3020 NW 33RD AVE.
CITY-ST-ZIP FT. LAUDERDALE FL 33311

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

1260 E. Oakland PK Blvd.
Ft. Lauderdale FL 33334

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 607, 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99

Date

(954) 453-3000

Daytime Phone #

CR2E034 (11/98)

0290865