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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996
DOCUMENT #

G31305

(7)

1. Corporation Name BELCO, INCORPORATED Principal Place of Business 4255 \$ ATLANTIC AVE DAYTONA BCH FL 32127 Mailing Address 4255 \$ ATLANTIC AVE DAYTONA BCH FL 32127								
0.00					3. Date Incorporated or Qualified 03/31/1983	3a. Date	of Last 06/09	
2. Principal Pla 21	ace of Business	2a. Mailing Address			4. FEI Number	L		Applied For
Suite, Apt. #	#. etc.	Suite, Apl. #, etc.			59-2287850			Not Applicable
City & State		27 City & State			5. Certificate of Status Desired			5 Additional Required
23		28			Election Campaign Financing Trust Fund Contribution			00 May Be
Zip	Country	Zip	Country		This corporation has liability for it.			led to Fees
24	25	29	30				ix under	8 199.032,
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New R	egistered .	Agent	···
7ENT	NER, THEODORE F.		81 1	lame				
149 S	. RIDGEWOOD AVE., SUITE 10	v.	82		ess (P.O. Box Number is Not Acceptable	le)		·
DAYTO	ONA BCH. FL 32115	· ·	83					
			1 1	lity		FL		Zφ Code
or registere	o the provisions of Sections 607.0502 ad agent, or both, in the State of Flori n, and accept the obligations of, Sec	2 and 607.1508, Florida Statu ida. Such change was authori	tes, the above-nan	ned corpora	ation submits this statement for the purp	pose of cha pintment as	nging its registere	registered office d agent. I am
SIGNATURE			s.	non a board	or directors. Thereby accept the appo			-
SIGNATURE - s	Signature, typed or printed nun a of registered agon	rrano fitie if applicable (N	Oth: Rogistered Agent sig		when reinstating!	DATE	**	
SIGNATURE -s	Signature, typed or printed nun w of registered ages OFFICERS AN	r and fittle if applicable (N ID DIRECTORS	Olb: Registered Agent sig			DATE	**	
SIGNATURE	Signature, typed or printed nan u of registered ages OFFICERS AN	rrano fitie if applicable (N	OTE: Registered Agent sig 13.		when reinstating!	DATE CERS AND	**	ORS IN 12
SIGNATURE s 12. TITLE NAME	Signature, typed or printed nun w of registered ages OFFICERS AN	r and fittle if applicable (N ID DIRECTORS	Ote: Rugistered Agent sig 13. 1 1 TITLE 1.2 NAME	natura required	when reinstating!	DATE CERS AND	DIRECT	ORS IN 12
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SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING SPECIES OR DIRECTOR DELLA SENSION DELLA OS/OLIGIE GOS/76/-1703