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 # H00108

(1)

LA BELLE FRANCE, INC.

FILED									
Jan 16 1998 8:00am									
Secretary of State									

Principal Plac	ce of Business	Mailing Addross				-		JUBAN BURNI BURNA BUR	
4727 OLD FA	ARM RD	action 4727 OLD FARM RD	,		a docto	1.			
C/O EVELYN G. LAUBER C/O SCISAN IN THE INTEGO EVELYN G. LAUBERYO SCISAN IN THE TOTAL						71 DO NOT WEITI	C MITU	ווי פטאריב	
US	·L 34233	SARASOTA FL 34233 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
""		•				04/20/1984			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number			pplied For
21	·	26				65-0176664			lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.							Additional
22		27				5. Certificate of Status Desired	LI	•	Required
City & State City & Stale						6. Election Campaign Financing		\$5.00	May Be
23 Zin	28				Trust Fund Contribution		Added	to Fees	
Zip	Country	Zip	├ ─┐	Country		8. This corporation owes or has pa			~
24	25 9. Name and Address of Currer	29 nt Registered Agent	30			Personal Property Tax due June 10. Name and Address of New Re			No
		II ugaistatan waati	8	11	Name	10. Name and Address of New No)ជិខេណៈ	30 Agent	
HORTON, SUSAN H									
	27 OLD FARM RD RASOTA FL 34233		8:	2	Street Addres	Address (P.O. Box Number is Not Acceptable)			
J 57	MASOIN FL 34233		8:	3					
			84	4	City		_ F	B5 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida State	ules, the abo	LL ve-	-named corpo	ration submits this statement for the p	aurnaer	of changing i	its registered
I office of r	registered agent, or both, in the State im familiar with, and accept the oblig	e of Horida. Such change was	s authorized b	hv t	the corporation	on's board of directors. I hereby accep	pt the a	ippointment as	registered
SIGNATURE	THE CONTROL OF THE WAS A STREET, THE WAS A STREET, THE CONTROL OF	thions of cooler, cor.coss,	longa orașe.	00,					
	Signature, typied or printed name of registered ago	ent and title if applicable (NC	TE Registered A	genl	il signature required	when reinstating)	DATE		
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	CERS A		
TITLE	ST CHARLES	☐ DELETE	1.1 TITLE					Change	Addition
NAME	HORTON, SUSAN H		1.2 NAME						
STREET ADDRESS	CADACOTA CI			1.3 STREET ADDRESS					
CHTY-ST-ZIP	SARASOTA FL	DELETE		CITY-ST-ZIP					The state of the s
TITLE	PD COURT ALEVANIDRE		2.1 TITLE					☐ Change	Addition
NAME CTOSET ADODECC	DE COURT, ALEXANDRE PO BOX 4202 N/A		2.2 NAME						
STREET ADDRESS	ZURICH SW		2.3 STREE						
CITY-ST-ZIP TITLE	VPD VPD	DELETE	2.4 CITY- 3.1 TITLE	1Y-SI-ZIP				Change	Addition
NAME	DE COUET, MADELEINE		3.2 NAME					டு பள்கு	L.J Audition
STREET ADDRESS	PO BOX 4202		3.3 STREE		DDDLCC				
CITY-ST-ZIP	ZURICH SW		3.4. C(1)						
TITLE	Edition on	DELETE	4.1 Tille	_	- 2117			Change	Addition
NAME			4, 2 NAME					L 0.12.19-	
STREET ADDRESS			4.3 STREE		.DDRESS				
CITY-ST-ZIP			4.4 CITY-						
TITLE		DELETE	5.1 TITLE		211	7-1-1-1-1		Change	Addition
NAME			5.2 NAME	Į.				_ ,	
STREET ADDRESS			53 STREE		DDRESS				
CITY-ST-ZIP			5.4 CiTY-						
TITLE		☐ DELETE	61 TITLE					☐ Change	Addition
NAME			6.2 NAME	Ē					
STREET ADDRESS			6.3 STREE		DORESS				
CITY-ST-ZIP			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.