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

DOCUMENT # H02618

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

04-19-1999 90038 004 ***150.00

BELTRAM SUPPLY, INC.							
					1 200(02) 020 00000 2000 0000 1200 1200 000		} }
Principal Plac	e of Business	Mailing Address					
C/O DANIEL G. BELTRAM C/O DANIEL G. BELTRAM					·		
6800 N. FLORIDA AVENUE 6800 N. FLORIDA AVENUE					DO NOT WRITE IN TH	IIS SPACE	
TAMPA FL 33604 TAMPA FL 33604					3. Date Incorporated or Qualifed	113 SPACE	
					05/07/1984		Į.
2. Principal Place of Business 2a. Mailing Address					4, FEI Number	Ap	plied For
26					59-2428066	No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75	
22 27					5, Certificate of Status Desired	Fee Re	quired
	City & State City & State				6. Election Campaign Financing	\$5.00	
23	28				Trust Fund Contribution	Added t	to Fees
Zip	Country Zip Cour				8. This corporation owes the current year		\
24					Personal Property Tax.	☐ Yes	□No
	g. Name and Address of Curre	ent Registered Agent	81	Nome	10. Name and Address of New Register	ea Agent	
RFI '	TRAM, DANIEL G.		81	Name			
6800 N. FLORIDA AVENUE			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		1
TAMP FL 33604			02			· · · · · · · · · · · · · · · · · · ·	
173191	1 1 2 0000 7		83				
j			84	City		85 Zip (Code
				,		L 00 2.p.	
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 a	m familiar with, and accept the oblig	ations of, Section 607.0505, Florida	Statutés		-		
SIGNATURE					2		
	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: Rec		t signature required	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DE IN 12
12.	S	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
NAME	ROWORTH, JOHN		1.2 NAME				
1	805 LIVE OAK		1.3 STREET ADDRESS		•		ł
STREET ADDRESS	TARPON SPRINGS FL	i i	1.4 CITY-ST-ZIP		•		Ì
CITY-ST-ZIP TITLE	PV	DELETE	2.1 TITLE			Change	Addition
NAME	BELTRAM, DANIEL G.	۵	2.2 NAME				_
STREET ADDRESS	6800 N FLORIDA AVE		2.3 STREET	AUUDESS			
	TAMPA FL			- 1			
TITLE			2:4 CITY-S 3.1 TITLE	1-0		Change	☐ Addition
NAME	BELTRAM, DANIEL G.	<u></u>	3.2 NAME			_ •	į
STREET ADDRESS	6800 N. FLORIDA AVE.		3.3 STREET	ADDRESS			İ
CITY-ST-ZIP	T44 104 51		3.4. CITY-S		·		
TITLE		DELETE 4.1 TI				Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			{
CITY-ST-ZIP			4.4 CITY-S				ł
TILE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME		•		,
STREET ADDRESS			5.3 STREET	ADDRESS			į
CITY-ST-ZIP			5.4 CITY-S	r-ZIP	•		}
TITLE		☐ DELETE	6.1 TITLE	$\neg \uparrow \neg$		Change	☐ Addition
NAME			6.2 NAME	1)
STREET ADDRESS	· ·		6.3 STREET	ADDRESS	•		ļ
				(i
City, ST-7IP			6.4 CfTY-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 or an attachment with an actives, with all other like empowered.

SIGNATURE: