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

FILED
May 05 1998 8:00am
Secretary of State

DOCUMENT # K12140 (5)

1. Corporation Name

BELMAC A.I., INC.

Principal Place of Business	Mailing Address
4830 W. KENNEDY BLVD STE #548 TAMPA FL 33609-2517 US	4830 W KENNEDY STE #548 TAMPA FL 33609-2517 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/19/1988

2. Principal Place of Business `21`	2a. Mailing Address `26`	4. FEI Number **59-2871934** / Applied For / Not Applicable
Suite, Apt. #, etc. `22`	Suite, Apt. #, etc. `27`	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State `23`	City & State `28`	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip `24` Country `25`	Zip `29` Country `30`	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PRICE, MICHEAEL D 4830 W. KENNEDY BLVD STE #548 TAMPA FL 33609	`81` Name `82` Street Address (P.O. Box Number Is Not Acceptable) `83` `84` City **FL** `85` Zip Code

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE **PD** ☐ DELETE NAME **STOTE, ROBERT M. MD** STREET ADDRESS **4830 W KENNEDY BLVD, #548** CITY-ST-ZIP **TAMPA FL**	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **VSTD** ☐ DELETE NAME **PRICE, MICHAEL D.** STREET ADDRESS **4830 W KENNEDY BLVD, #548** CITY-ST-ZIP **TAMPA FL**	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **D** ☐ DELETE NAME **MURPHY, JAMES R.** STREET ADDRESS **4830 W KENNEDY BLVD, #548** CITY-ST-ZIP **TAMPA FL**	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	**INITIAL HERE TO AUTHORIZE PAYMENT** ☐ Change ☐ Addition

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.

SIGNATURE: _____ Mestra A. Pere, VP, CFO 4/21/98 813-286-4401

CR2E034 (10/97)