

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY 31 AM 8:44

DOCUMENT # **K36368** (4)

1. Corporation Name

**BELLWOOD HOMESITE, INC.**

Principal Place of Business

Mailing Address

% KEITH J. MERRILL  
1320 S. DIXIE HWY. #275  
CORAL GABLES FL 33146

% KEITH J. MERRILL  
1320 S. DIXIE HWY. #275  
CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/30/1988

3a. Date of Last Report

02/02/1994

4. FEI Number

65-0091929

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23

28

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MERRILL, KEITH J.  
1320 S DIXIE HWY.  
#275  
CORAL GABLES FL 33146

B1 Name

KEITH J. MERRILL

B2 Street Address (P.O. Box Number is Not Acceptable)

1320 S. Dixie Highway

B3

Suite 1100

B4 City

Coral Gables

FL

B5

33146

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 the # applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME LOUISSAINT, ROOSEVELT  
STREET ADDRESS 13280 N.E. 6 AVE.  
CITY - ST - ZIP NORTH MIAMI FL

TITLE D  
NAME LOUISSAINT, GLADYS  
STREET ADDRESS 13280 N.E. 6 AVE.  
CITY - ST - ZIP NORTH MIAMI FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  Change  Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE  Change  Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE  Change  Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE  Change  Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE  Change  Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE  Change  Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *Roosevelt Louissaint* ROOSEVELT LOUISSAINT Date 05-17-95 Expires 11/05/95