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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K36368

1. Corporation Name

BELLWOOD-HOMESITE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

% KEITH J. MERRILL
1320 S. DIXIE HWY. SUITE 1100
CORAL GABLES FL 33146

Mailing Address

% KEITH J. MERRILL
1320 S. DIXIE HWY. SUITE 1100
CORAL GABLES FL 33146

3. Date Incorporated or Qualified

09/30/1988

4. FEI Number

65-0091929

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

MERRILL, KEITH
1320 S DIXIE HWY
SUITE 1100
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

Rosemary Louissaint
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-12-99

Date

Daytime Phone #

CR2F034 (1/98)