## 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

## FILED Apr 13, 1999 8:00 am Secretary of State

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1. Corporation Name

BELMONT HOMES OF SOUTH FLORIDA, INC.	
Principal Place of Business Maifing Address	0  0  0   0  0  0  0  0  0  0  0  0
2390 MINTON ROAD 2390 MINTON ROAD	
WEST AND ROHENE FL 32904 WEST MELBOURNE FL 32904	
US US DO NOT WRITE	IN THIS SPACE
3. Date Incorporated or Qualifed	•
04/06/1989	1 4-2-15-
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Applied For
21 26 59-2945170	Not Applicable  \$8.75 Additional
	Fee Required
22 27 27 27 27 27 27 27 27 27 27 27 27 2	\$5.00 May Be
City & State City & State F. Election Campaign Financing Trust Fund Contribution	Added to Fees
25	
	XXYes □No
24 25 29 30 Personal Property Tax.  9. Name and Address of Current Registered Agent 10. Name and Address of New Reg	
81 Name	
HERMAN, DANIEL J.	
3631 CARRIAGE GATE DRIVE  82 Street Address (P.O. Box Number is Not Acceptable)	le)
MELBOURNE FL 32904 83	
HELDOGINE I D'ALDO	
84 City	FL 85 Zip Code
84 City  11 Deposit to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the pt	urpose of changing its registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purposition of the purposition of the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	urpose of changing its registered the appointment as registered
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14. I hereby certify that the information supplied with this filling 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 of suppliemental 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 chapged; or, on an attachment-with an address, with all other-like empowered.

SIGNATURE:

SIGNATURE AND PIPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99

407-725-8330

Daytime Phone #