

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 30 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L36845** (0)

1. Corporation Name  
**BELLAND PROPERTIES, INC.**



Principal Place of Business <b>867 CORDOVA DRIVE BOCA RATON FL 33432</b>	Mailing Address <b>867 CORDOVA DRIVE BOCA RATON FL 33432-8111</b>
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3. Date Incorporated or Qualified <b>12/14/1989</b>	3a. Date of Last Report <b>05/01/1996</b>
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21. Principal Place of Business <b>RICHARD J. LUCIBELLA 5 BEACHWAY NORTH OCEAN RIDGE, FL 33435</b>	2a. Mailing Address <b>RICHARD J. LUCIBELLA 5 BEACHWAY NORTH OCEAN RIDGE, FL 33435</b>
22. City & State <b>Palm Beach</b>	27. City & State <b>Palm Beach</b>
23. Zip <b>33435</b>	28. Zip <b>33435</b>
24. Country <b>USA</b>	30. Country <b>USA</b>

4. FEI Number <b>65-0160072</b>	Applied For <input type="checkbox"/> Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LUCIBELLA, RICHARD  
867 CORDOVA DR.  
BOCA RATON FL 33432**

10. Name and Address of New Registered Agent

81 Name	<b>RICHARD J. LUCIBELLA</b>
82 Street Address (P.O. Box)	<b>5 BEACHWAY NORTH</b>
83 City	<b>OCEAN RIDGE, FL 33435</b>
84 State	<b>FL</b>
85 Zip Code	<b>33435</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>LUCIBELLA, RICHARD J.</b>	
STREET ADDRESS	<b>867 CORDOVA DR.</b>	
CITY - ST - ZIP	<b>BOCA RATON FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>RICHARD J. LUCIBELLA</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>5 BEACHWAY NORTH</b>	
1.3 STREET ADDRESS	<b>OCEAN RIDGE, FL 33435</b>	
1.4 CITY - ST - ZIP		
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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: \_\_\_\_\_ DATE: **1/6/97** DAYTIME PHONE #: **561 7339903**

CR2E034 (9/96)