

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jan 30 1997 8:00am
Secretary of State

DOCUMENT # M98654 (0)

1. Corporation Name
BELLE SKYE ENTERPRISES, INC.



Principal Place of Business
867 CORDOVA DRIVE
BOCA RATON FL 33432

Mailing Address
867 CORDOVA DRIVE
BOCA RATON FL 33432-8111

3. Date Incorporated or Qualified
09/15/1988

3a. Date of Last Report
03/27/1996

2. Principal Place of Business
21 RICHARD J. LUCIBELLA
Suite, Apt #5
5 BEACHWAY NORTH
OCEAN RIDGE, FL 33435

2a. Mailing Address
26 RICHARD J. LUCIBELLA
Suite, Apt #5
5 BEACHWAY NORTH
OCEAN RIDGE, FL 33435

4. FEI Number
65-0182348

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

23 Zip

28 Zip

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

24 Country
25 PALM BEACH

29 Country
30 PALM BEACH

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LUCIBELLA, RICHARD
867 CORDOVA DRIVE
BOCA RATON FL 33432

81 Name

82 Street Address (P.O. Box)

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
NAME
STREET ADDRESS
CITY - ST - ZIP

DPS
LUCIBELLA, RICHARD
867 CORDOVA DR.
BOCA RATON FL

☐ DELETE

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

RICHARD J. LUCIBELLA
5 BEACHWAY NORTH
OCEAN RIDGE, FL 33435

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

T
LUCIBELLA, RICHARD
867 CORDOVA DR.
BOCA RATON FL

☐ DELETE

2.1 TITLE
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RICHARD J. LUCIBELLA
5 BEACHWAY NORTH
OCEAN RIDGE, FL 33435

☒ Change ☐ Addition

TITLE
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☐ DELETE

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

5.1 TITLE
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5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/6/97 561 733 9903

CR2E034 (9/96)