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**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90075 009 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P93000023826**

1. Corporation Name  
**THE BEL-AIRE INSURANCE AGENCY, INC.**



Principal Place of Business <del>521 HARVARD PLACE</del> <del>APOPKA FL 32703</del> 32727 Windy Oak St. Sorrento, FL 32776 <i>New Address</i>	Mailing Address <del>P.O. BOX 3226</del> <del>APOPKA FL 32703</del> P.O. Box 952 Apopka, FL 32704 <i>New Address</i>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 32727 Windy OAK St.</b>	2a. Mailing Address <b>26 P.O. Box 952</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State <b>23 Sorrento, Florida</b>	City & State <b>28 APOPKA, Florida</b>
Zip Country <b>24 32776 25 USA</b>	Zip Country <b>29 32704 30 USA</b>

3. Date Incorporated or Qualified <b>03/29/1993</b>	
4. FEI Number <b>59-3173775</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election-Campaign-Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**METZGER, JOHN B**  
**521 HARVARD PLACE**  
**APOPKA FL 32703**

10. Name and Address of New Registered Agent

**81 Name METZGER, John B**  
**82 Street Address (P.O. Box Number is Not Acceptable) 32727 Windy OAK St.**  
**83**  
**84 City Sorrento FL 85 Zip Code 32776**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	<b>P METZGER, JOHN B</b>
STREET ADDRESS	<b>521 HARVARD PLACE</b>
CITY-ST-ZIP	<b>APOPKA FL 32703</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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>32727 Windy OAK St</b>
1.4 CITY-ST-ZIP	<b>Sorrento Florida 32776</b>
2.1 TITLE	<input 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 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 *John B Metzger* **JOHN B. METZGER** **4-20-99** **352-383-9556**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)