

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
May 20 1997 8:00am
Secretary of State

DOCUMENT # P93000029294 (4)

1. Corporation Name
BELLEAIR GROUP, INC.



Principal Place of Business

Mailing Address

~~400 INDIAN ROCKS RD.
SUITE 0
BELLEAIR BLUFFS FL 34640~~

~~400 INDIAN ROCKS RD.
SUITE 0
BELLEAIR BLUFFS FL 33770-2050~~

2. Principal Place of Business

21 12600 S. Belcher Rd.

Suite, Apt. #, etc.
22 104-C

City & State
23 Largo FL

Zip
24 33773

Country
25 Pine llas

2a. Mailing Address

26 1421 Court Str., B

Suite, Apt. #, etc.

27

City & State
28 Clearwater, FL

Zip
29 34616

Country
30 Pine llas

3. Date Incorporated or Qualified

04/20/1993

3a. Date of Last Report

03/29/1996

4. FEI Number

59-3185135

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

HERSEM, THOMAS G
400 INDIAN ROCKS RD.
SUITE 0
BELLEAIR BLUFFS FL 34640

1421 Court Str., B
Clearwater, FL
34616

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME PSTD
STREET ADDRESS GEIGER, BILL
CITY-ST-ZIP 400 INDIAN ROCKS RD., SUITE C 12600 S. Belcher
BELLEAIR BLUFFS FL 34640 Ste 104-C 33773

TITLE ☐ DELETE
NAME VD
STREET ADDRESS KIEF, IRV
CITY-ST-ZIP 400 INDIAN ROCKS RD., SUITE C
BELLEAIR BLUFFS FL 34640 Largo, FL 33773

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

000002200830

-06/04/97--01009--015

***660.00

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.

CR2E034 (9/96)