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

PROFIT CORPORATION ANNUAL REPORT

1999

BELLEAIR GROUP, INC.

1. Corporation Name



DOCUMENT # P93000029294

FLORIDA DEPARTMENT OF STATE

Katherine Harris

, Secretary of State ' DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90292 004 ***750.00

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						{ 			B iBill Bibl 1881	
Principal Place of Business Mailing Address					Ì					
12600 S BELCHI 104-C		1421 COURT STRB CLEARWATER FL 34616				DO NOT WRITE IN THIS SPACE				
LARGO FL 3377	J					3. Date Incorporated or Qualifed				
						04/20/1993				
2 Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		A	pplied For	
21	ace of Ebonicss	26				59-3185135		N	lot Applicable	
Suite, Apt. :	# etc		Suite, Apt. #, etc.				58.75 Additional			
22	.,, 5.6.	<u> </u>	27			5. Certifcate of Status Desired		Fee F	Required	
City & State)	City & State				6. Election Campaign Financing S5.00 May Be				
23		28	28			Trust Fund Contribution			to Fees	
Zip	Country	Zip	Countr	y		8. This corporation owes the curre	ent year Inta	ngible		
24	25	29 30	0			Personal Property Tax.		☐ Yes	™No	
	9. Name and Address of Curr	rent Registered Agent				10. Name and Address of New R	egistered <u>A</u>	gent		
			81	1 Nar	me					
	SEM, THOMAS G		82	Stre	et Addres	s (P.O. Box Number is Not Accepta	ble)			
	COURT STR., B		"	-	JOT 7 1001 00					
CLEA	ARWATER FL 34616		83	3						
ı			84	4 City	,			85 Zip	Code	
			04	• City	,		FL		. 0000	
office or re	raintered agent or both in the Sta	502 and 607.1508, Florida Statutes ate of Florida. Such change was auth igations of, Section 607.0505, Florid	orized by	v the C	ned corpor orporation	ation submits this statement for the 's board of directors. I hereby accep	purpose of o t the appoin	changing it tment as r	s registered registered	
SIGNATURE		MOTE. 2	amintana di Ami		ura roquirod u	when reinstating)	DATE		i	
12.	Signature, typed or printed name of registered	AND DIRECTORS	13.	ent signa	are required w	ADDITIONS/CHANGES TO OFF		DIRECT	ORS IN 12	
TITLE	PSTD	☐ DELETE	1.1 TITLE					☐ Change		
NAME	GEIGER, BILL	_	1.2 NAME							
STREET ADDRESS	12600 S BELCHER RD		1.3 STREE		ESS					
	LARGO FL 34616		1.4 CITY-						Į.	
CITY-ST-ZIP TITLE	VD:	☐ DELETE	2.1 TITLE					Change	☐ Addition	
NAME	KIEF, IRV	-	2.2 NAME							
]	12600 \$ BELCHER RD		2.3 STREE		ESS				}	
STREET ADDRESS	LARGO FL 34616		2.4 CITY-							
CITY-ST-ZIP	LANGO FE 34010	☐ DELETE	3.1 TITLE					☐ Change	Addition	
		-	3.2 NAME					_		
NAME STREET ADDRESS			3.3 STREE		ESS					
)			3.4. CITY-							
CITY-ST-ZIP		☐ DELETE	4.1 TITLE					☐ Change	Addition	
NAME		,	4. 2 NAME					_		
)			4.3 STREI		FSS					
STREET ADDRESS										
CITY-ST-ZIP TITLE		☐ DELETE	4.4 C/TY- 5.1 TITLE					Change	Addition	
j ,		<u> </u>	5.2 NAME					_ •		
NAME			5.3 STRE		ESS					
STREET ADDRESS			5.4 CITY-							
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE		_+			Change	Addition	
			6.2 NAME							
NAME	i		6.3 STRE		FSS				ļ	
STREET ADORESS			1		-30				ł	
CITY-ST-ZIP			6.4 CITY-	SI-ZIP		440.07(0)(0) []			····-	

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 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: