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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000031821 (0)

BELVIEW LAKE SUPERETTE. INC.

Principal Piace of Business Mailing Address 5501 SE ABSHIER AVE 5501 SE ABSHIER AVE **BELLVIEW FL 34420 BELLVIEW FL 34420-4033** 3. Date Incorporated or Qualified 3a. Date of Last Report 05/03/1993 05/01/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-3177980 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5, Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 8. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 Florida Statutes Yes X No 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent Name HADADD, RAMI 5501 SE ABSHIER AVE Street Address (P.O. Box Number is Not Acceptable) BELVIEW FL 32526 83 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, type-clost printed name of regulated agent and title if applicable. (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. TITLE DELETE 1.1 TITLE ☐ Change ☐ Addition HADADD, RAMI NAMI 1.2 NAME 5501 NE ABSHIER AVE 1.3 STREET ADDRESS STREET ADDRESS BELLVIEW FL 1.4 CITY-ST-ZIP CITY-ST ZIF DELETE 2.1 TITLE ☐ Change ___ Addition THEE EL-HOSS, SALLY E. 2.2 NAME NAME 5501 SE ABSHIER AVE 2.3 STREET ADDRESS STREET ADDRESS BELLVIEW FL DITY ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 117LF 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS DITY-ST-ZIP 4.4 CITY-ST-ZIP ___ DELETE Change Addition THILE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 011Y - \$1 - 79F DELETE Change Addition TIFLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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.

6.4 CITY-ST-ZIP

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

4/30/77

4-28-97

FILED

May 06 1997 8:00am

Secretary of State