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

PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 16, 1999 8:00 am Secretary of State 04-16-1999 90022 048 ***150.00 **Katherine Harris**

DOCUMENT #	P93000032020
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BEL-MONT-BAIN, INC.

							
Principal P	Place of Business	Mailing Address					<u> </u>
1239 E. ME LAKELAND	MEMORIAL BLVD.					a tie (1011 3411 1681	
					DO NOT WRITE IN	THIS SDACE	
}	·				3. Date Incorporated or Qualifed	1113 SPACE	
2. Principa	I Place of Business	2a. Mailing Address			04/30/1993		
21	·	26			4. FEI Number		Applied For
Suite, A	pt:#, etc.	- Suite, Apt. #, etc.			59-3177805		Not Applicable
22	<u> </u>	27		~-	5. Certificate of Status Desired		Additional
City & S	tate	City & State		——			Required
Zip		28			6. Election Campaign Financing	\$5.0	May Be
24 Zip	Country	Zip	Count		Trust Fund Contribution	Adde	d to Fees
24	25	29	30		This corporation owes the current year Personal Property Tax.	-94	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Register	Yes	□No
BE	LFORD, RAYMOND E		8	1 Name	Kegister	en Agent	
123	39 E. MEMORIAL BLVD.		8:	Street Add	;		
LA	KELAND FL 33801			Sireer Addi	ress (P.O. Box Number is Not Acceptable)		
			8:	3			
			84	1 64			
11. Pursuan	t to the provisions of O					85 Zip	Code
office or	registered agent, or both, in the State of am familiar with and account the State of a state of the state of	2 and 607.1508, Florida Statute of Florida. Such change was au	s, the abou	re-named corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing it:	s registered
SIGNATURE	-	ions of, Section 607.0505, Flori	ida Statute:	S.	on's board of directors. I hereby accept the app	ointment as re	gistered
- SIGNATURE	Signature, typed or printed name of registered agent	and title if earth at			•	•	1
12.	OFFICERS AND	DIRECTORS (NOTE:)	Registered Age	nt signature required			——
TITLE	D	☐ DELETE	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DRS IN 12
NAME	MONTGOMERY, JAMES H				,	Change	☐ Addition
STREET ADDRESS	P.O. BOX 2726 N/A	*	1.2 NAME				ľ
CITY-ST-ZIP	ST. LEOS FL 33574			ADDRESS	•		1
TITLE	ST	DELETE	1.4 CITY-ST 2.1 TITLE	F-ZIP			}
NAME	BELFORD, RAYMOND		2.1 MILE			☐ Change	Addition
STREET ADDRESS	1239 E. MEMORIAL BLVD	چاپ در دارات ونیونید او اهاده		1000000			1
CITY+ST-ZIP	LAKELAND FL	,	2.3 STREET		_	•	1
mue	•		2.4 CITY-\$		makan salah sa	n the second	
AME		☐ DELETE		r-ZIP		p %	
TREET ADDRESS		☐ DELETE	3.1 TITLE	r-zip		Change	Addition
		☐ DELETE	3.1 TITLE 3.2 NAME			Change	Addition
		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET	ADDRESS		☐ Change	Addition
ΠLE		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET, 3.4. CITY-ST	ADDRESS			Addition
TTLE AME	:		3.1 TITLE 3.2 NAME 3.3 STREET, 3.4. CITY-ST 4.1 TITLE	ADDRESS		☐ Change	Addition Addition
TTLE AME TREET ADDRESS			3.1 TITLE 3.2 NAME 3.3 STREET, 3.4. CITY-ST 4.1 TITLE 4.2 NAME	ADDRESS .			
TTLE AME TREET ADDRESS TY-ST-ZIP	:		3.1 TITLE 3.2 NAME 3.3 STREET, 3.4 CITY-ST 4.1 TITLE 4.2 NAME 4.3 STREET A	ADDRESSZIP			
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ITLE AME IREET ADDRESS ITY-ST-ZIP ILE	· · · · · · · · · · · · · · · · · · ·	□ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET, 3.4 CITY-ST 4.1 TITLE 4.2 NAME 4.3 STREET A	ADDRESSZIP			
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TTLE IAME TREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS TY-ST-ZIP TLE		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET, 3.4. CITY-ST 4.1 TITLE 4.2 NAME 4.3 STREET A 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET A 5.4 CITY-ST 6.1 TITLE	ADDRESS ADDRESS ZIP DDRESS ZIP		☐ Change	Addition Addition

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 Block 12 or Block 13 if changed, or or an attachment with an address, with all other like empowered.

SIGNATURE: