

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000060940 (2)

1. Corporation Name

BELLE RIVE GENERAL PARTNER, INC.



Principal Place of Business

Mailing Address

C/O DARYL B CRAMER ESO
250 AUSTRALIAN AVE SO. 1 CLEARLAKE SOUTH
WEST PALM BEACH FL 33401

C/O DARYL B CRAMER ESO
250 AUSTRALIAN AVE SO. 1 CLEARLAKE SOUTH
WEST PALM BEACH FL 33401

2. Principal Place of Business

21 c/o Daryl B. Cramer, P.A.

2a. Mailing Address

26 c/o Daryl B. Cramer, P.A.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 One Clearlake Centre

27 One Clearlake Centre

23 250 Australian Av. So. #201

28 250 Australian Av. So. #201

West Palm Beach, FL

West Palm Beach, FL

Zip

Country

Zip

Country

24 33401

25 USA

29 33401

30 USA

9. Name and Address of Current Registered Agent

CRAMER, DARYL B
1 CLEARLAKE CENTER
250 AUSTRALIAN AVE SOUTH
WEST PALM BEACH FL 33401

3. Date Incorporated or Qualified

08/31/1993

3a. Date of Last Report

08/10/1995

4. FEI Number

65-0472742

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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

10. Name and Address of New Registered Agent

81 Name

DARYL B. CRAMER, P.A.

82 Street Address (P.O. Box Number is Not Acceptable)

One Clearlake Centre

83

250 Australian Ave. South #201

84 City

West Palm Beach

FL

85 Zip Code

33401

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-appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
STREET ADDRESS MYERS, WILLIAM P
CITY-ST-ZIP 9030 LESLIE STREET #308
RICHMOND HILL ONT.,CA L4B1G2

TITLE ☐ DELETE

NAME STD
STREET ADDRESS STEEN, ROBERT J
CITY-ST-ZIP 9030 LESLIE STREET #308
RICHMOND HILL ONT.,CA L4B1G2

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

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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4.27

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (12/95)