

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

APPROVED
AND
FILED

1998 MAR 11 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000060940 (2)

1. Corporation Name

BELLE RIVE GENERAL PARTNER, INC.

Principal Place of Business

Mailing Address

C/O DARYL B CRAMER ESO
1 CLEARLAKE CEN. 250 AUSTRALIAN AV S. #201
WEST PALM BEACH FL 33401

C/O DARYL B CRAMER ESO
1 CLEARLAKE CEN. 250 AUSTRALIAN AV S. #201
WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/31/1993

4. FEI Number

65-0472742

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 c/o Daryl B. Cramer, P.A.
Suite, Apt. #, etc.

2a. Mailing Address

26 c/o Daryl B. Cramer, P.A.
Suite, Apt. #, etc.

22 515 North Flagler Dr. #910
City & State

23 West Palm Beach, FL

24 33401-4325 25 USA

27 515 North Flagler Dr. #910
City & State

28 West Palm Beach, FL

29 33401-4325 30 USA

9. Name and Address of Current Registered Agent

CRAMER, DARYL B P.A.
1 CLEARLAKE CENTRE
250 AUSTRALIAN AVE SOUTH, #201
WEST PALM BEACH FL 33401

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)

515 North Flagler Drive

83

Suite 910

84 City

West Palm Beach

85 Zip Code

FL 33401-4325

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 reinstating)

DATE

3/11/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME STD
LUCCHESI, FABRIZIO
STREET ADDRESS 9030 LESLIE STREET #308
CITY-ST-ZIP 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

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

14. 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 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

CR2E034 (10/97)