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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000061859 (3)

BELLEAIR & AVALON ENTERPRISES, INC.

Principal Place of Business

Mailing Address

ANS INDIAN BOOKS BOAD

29 AVAI ON ST

## **FILED** May 07 1997 8:00am Secretary of State



BELLEAIR FL 34616-2056		CLEARWATER BCH. FL 34	CLEARWATER BCH. FL 34630-1602						
		US				3. Date Incorporated or Qualified 09/03/1993		e of Las	st Report
	lace of Business	2a. Mailing Address				4. FEI Number	<b></b>		Applied For
21		26				59-3200361			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<del></del> 1			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	0	City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country 25	7ip 29	Country 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes K. No			
	9. Name and Address of C		7201			10. Name and Address of New Re		_	
LOC	KRETIS, SOPHIE			81	Name		-		
	AVALON STREET		ŀ	82	Stroot	Address (P.O. Box Number is Not Acceptab	la)		
	ARWATER BEACH FL 3483	0	Į		SHOUL	Todress (F.O. Box Number is Not Acceptable			
			-	63					
				64	City		FL	<b>85</b> Z	ip Code
11. Pursuant office or ragent. I a	to the provisions of Sections 60 registered agent, or both, in the im familiar with, and accept the	07.0502 and 607.1508, Florida Statu State of Florida Such change was obligations of, Section 607.0505, Fl	tes, the al. authorized lorida Stati	ove d by utes	e-named the corp s.	corporation submits this statement for the population's board of directors. I hereby acceptions	urpose of of the appo	changir antment	ig its registered as registered
SIGNATURE	Signature, typed or printed name of registe	cred agent and tile dapple able (NO)	IL Registered	ngA t	ni signature	required when reinslating)	DA1E.		·
12.		S AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	FRS AND	DIRECT	ORS IN 12
TITLE	D	☐ DELETE	1.110	LE				Chan	ge Addition
NAME	RUGGLES, THOMAS W		1.2 NA	ME					j
STREET ADDRESS			1.3 ST	1.3 STREET ADDRESS					1
CITY-ST-ZIP				TY-S	T-ZIP				
TITLE	DP	☐ DELETE	2 1 717	TLE				Chan	ge Addition
NAME	LOOKRETIS, JOHN		2.2 NAME				,		
STREET ADDRESS	29 AVALON ST.			RE[1	ADDRESS				
CITY-ST-ZIP				CHY-S1-7IP			na III balasia		
TITLE	DVPS	☐ DELETE	3 1 1 1					Chan	ge L_ Addition
NAME	LOOKRETIS, SOPHIE 29 AVALON ST.		3 2 NA						
STREET ADDRESS	CLEARWATER BCH. FL				ADDRESS				
CITY-ST-ZIP TITLE	OLEMNIA DOINTE	DELETE	3 4. CH		51 · ZIP			Chan	ge Addit:on
NAME			4. 2 N/						5- 23 ( )25(( )25()
STREET ADDRESS			1		ADORESS				Ì
CITY-ST-ZIP			4.4 CI						
TITLE		DELF1E	5.1 711				····	Chan	ge Addition
NAME			5.2 NA	\ME					ŀ
STREET ADDRESS			5.3 \$1	REE1	ADDRESS				
CITY-ST-ZIP			5.4 CII	1Y-S	T-ZIP				į.
TITLE		DELEJE	6.1 TIT					Chan	ge Addition
NAME	•		6.2 NA	\ME					
STREET ADDRESS			6 3 SI	REET	AODRESS .				}
CITY-ST-ZIP			64 01	1Y-S	1-7P				

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 chapted, or on a pattachment with an address.