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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000073015 (8)

BELLAQUA INC.

CITY-ST-ZIP

STREET ADDRESS

appears in Block 12 or Block 13 if changed, or

CITY-ST-ZIP

TITLE

NAME

Principal Place of Business Mailing Address 1256 N. 5TH STREET P.O. BOX 2792 PALM BEACH FL 33480-2792 W. PALM BEACH FL 33409 3. Date Incorporated or Qualified 3a. Date of Last Report 10/15/1993 05/01/1996 Principal Place of Business Mailing Address 4. FEI Number Applied For 65-0444357 21 Not Applicable Suite, Apl. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 Yes No 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FLORIDA-LAWDOCK, INC. PNOREW SNEATH 222 LAKEVIEW AVE Street Address (P.O. Box Number is Not Acceptable) 82 4TH FLOOR 83 **WEST PALM BEACH FL 33402** 84 Zip Code PRIM BEACH. 33409. 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 applications of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. (96/6) PID DELETE Change ___ Addition TITLE 1.1 111LE SNEATH, ANDREW J S. NAME 1.2 NAME 1256 N. 5TH STREET STREET ADDRESS 1.3 STREET ADDRESS W. PALM BEACH FL CITY-ST-ZIP 1.4 C(TY - S1 - 7)P TITLE DELETE 2.1 TILLE ☐ Change Addition NAME 2 2 NAME STREET ADDRESS 2.9 STREET ADDRESS CITY-ST-ZIP 2. 4 C(TY - ST - Z(P DELETE Change Addition TITLE 3.1 11116 NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - ZIP DELETE TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.8 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 7IP DELETE Change Addition TITLE 5.1 TITLE NAME 5.P NAME STREET ADDRESS 5.3 STREET ADDRESS

5.4 CITY - \$1 - ZIP

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filling 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

6.1 TITLE

6.2 NAME

DELETE

tachment with an address.

11-0147

Change

Addition

FILED

May 06 1997 8:00am

Secretary of State