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

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400050580

1. Corporation Name

BELCO ROYAL INC.

## FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90177 032 \*\*\*150.00



						<u> </u>	1 (1)	( ) ( ) ( )	
Principal Place of Business Maiting Address									
12630 ORANGE GROVE BLVD. ROYAL PALAI BEACH FL 33411		12630 ORANGE GROVE BLVD. ROYAL PALM BEACH FL 33411				DO NOT WRITE IN TH	e edve	=	
						3. Date Incorporated or Qualifed	3 3FACE	<u> </u>	
						07/06/1994			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	L	<u> </u>	ied For
21		26				65-0506479			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired Sa.75 Additional			
22		27				ree Required			
City & State		- City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zio Coup pr		Zip Country				7 Trust Fund Contribution Added to Fees  8. This corporation owes the current year Intangible			
Zip	Coun ry	Zip	30	ıı ıu y		Personal Property Tax.	rtangible	,	)SNo
24	9. Name and Address of Curren	t Registered Agent	130]	Ι		10 Name and Address of New Registere			Z====
	9. Name and Address of Curren	K Registered Agent		81	Name	10.			
BELL	letti, kenneth								
	30 ORANGE GROVE BLVD.			82	Street Add	ress (P.O. Box Number is Not Acceptable)			
ROY	AL PALM BEACH FL 33411			83					
							<del></del>		
				84	City	F	85	Zip C	Code
SIGNATURE	Signature, typed or printed name of registered ager		- <del></del> -	Agen	nt signature require	ed when reinstating)  ADDITIC NS/CHANGES TO OFFICERS A	ND DIR	FCTO	RS IN 12
12.		ID DIRECTORS	13.	T1 E	<del></del>	ADDITIC NS/CHANGES TO OFFICERS /	ND DIR		Addition
TITLE	d Belletti, kenneth	O percir	12 N						
NAME	ARRAM ARANAE ARANE BUILD				TADDRESS				
STREET ADDRESS	ROYAL PALM BEACH FL 3341	1		TY-S					
CITY-ST-ZIP	HOTAL FALM DEADTHE SOTT	☐ DELETE	2.1 T		1-21		☐ Ch	ange	Addition
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NAME			6.2 N		TADODESS				
STREET ADDRESS					TADDRESS				
CITY-ST-ZIP	}		6.4 C	ITY-S	A-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 indicater on this annual report or supplemental a nual 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, with all other like empowered.

SIGNATURE: