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Jan 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000078727 (2)

1. Corporation Name
BELLE AVENUE CORPORATION

Principal Place of Business
925 SO. SEMORAN BLVD. STE. 112
WINTER PARK FL 32782

Mailing Address
925 SO. SEMORAN BLVD. STE. 112
WINTER PARK FL 32782-5313



3. Date Incorporated or Qualified 11/01/1994
3a. Date of Last Report 03/19/1996

4. FEI Number 59-3279723
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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21 1170 CARMEL CIR.

2a. Mailing Address
26 1170 CARMEL CIR.

22 # 250
Suite Apt #, etc.

27 # 250
Suite Apt #, etc.

23 CASSELBERRY, FL
City & State

28 CASSELBERRY, FL
City & State

24 32707
Zip

29 32707
Zip

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LONSWAY, ROGER
925 SO. SEMORAN BLVD. STE. 112
WINTER PARK FL 32782

81 Name ROGER LONSWAY
82 Street Address (P.O. Box Number is Not Acceptable) 1170 CARMEL CIR. # 250
83
84 City CASSELBERRY FL 85 Zip Code 32707

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 and familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: [Signature] ROGER LONSWAY, PRES. JAN. 16, 1997
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 4 columns: Title, Name, Street Address, City-St-Zip. Row 1: D, LONSWAY, ROGER, 1170 CARMEL CIRCLE STE. 250, CASSELBERRY FL 32707. Includes 'DELETE' checkboxes.

Table with 4 columns: Title, Name, Street Address, City-St-Zip. Rows 1-4: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Includes 'Change' and 'Addition' checkboxes.

14. 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 changed, or on an attachment with an address.

SIGNATURE: [Signature] JAN. 16, 1997 407-678-5312
DATE Daytime Phone #

CR2E034 (9/96)