**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **P95000000467 (7)**

1. Corporation Name

**BELLECHASE CUSTOM HOMES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| ~~1101 NORTH CONGRESS AVENUE STE. 204~~<br>~~BOYNTON BEACH FL 33426~~ | ~~1101 NORTH CONGRESS AVENUE STE. 204~~<br>~~BOYNTON BEACH FL 33426~~ |

3. Date Incorporated or Qualified: 01/03/1995
3a. Date of Last Report:

2. Principal Place of Business
21 1396 N.W. 17th Ave,
Suite, Apt. #, etc.
22 114
City & State
23 Delray Beach, FL
Zip 24 33445 Country 25 USA

2a. Mailing Address
26 1395 NW 17th Ave,
Suite, Apt. #, etc.
27 114
City & State
28 Delray Beach
Zip 29 FL Country 30 USA

4. FEI Number: 65-0669825 ☐ 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

9. Name and Address of Current Registered Agent

**WARDEN, STEPHEN J**
**~~1101 NORTH CONGRESS AVENUE STE. 204~~**
**~~BOYNTON BEACH FL 33426~~**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1395 N.W. 17th Ave. #114
83
84 City: Delray Beach **FL** 85 Zip Code: 33445

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

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent (and title if applicable) — NOTE: Registered Agent signature required when changing

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | ~~PVD~~ | ☐ DELETE | 1.1 TITLE | | ☒ ~~Change~~ ☐ Addition |
| NAME | WARDEN, STEPHEN J | | 1.2 NAME | | |
| STREET ADDRESS | ~~1101 NORTH CONGRESS AVENUE STE. 204~~ | | 1.3 STREET ADDRESS | 1395 N.W. 17th Ave. Suite #114 | |
| CITY-ST-ZIP | ~~BOYNTON BEACH FL 33426~~ | | 1.4 CITY-ST-ZIP | Delray Beach, FL 33445 | |
| TITLE | ~~D~~ | ☐ DELETE | 2.1 TITLE | | ☒ ~~Change~~ ☐ Addition |
| NAME | SELDOMRIDGE, JOHN | | 2.2 NAME | | |
| STREET ADDRESS | ~~1101 NORTH CONGRESS AVENUE STE. 204~~ | | 2.3 STREET ADDRESS | 1395 N.W. 17th Ave. Suite #114 | |
| CITY-ST-ZIP | ~~BOYNTON BEACH FL 33426~~ | | 2.4 CITY-ST-ZIP | Delray Beach, FL 33445 | |
| TITLE | ~~Treasurer~~ | ☐ DELETE | 3.1 TITLE | Treasurer | ☐ Change ☒ Addition |
| NAME | ~~Strasser, Michelle~~ | | 3.2 NAME | Strasser, Michelle C. | |
| STREET ADDRESS | 1395 NW 17th Ave., #114 | | 3.3 STREET ADDRESS | 1395 NW 17th Ave., #114 | |
| CITY-ST-ZIP | Delray Beach, FL 33445 | | 3.4 CITY-ST-ZIP | Delray Beach, FL 33445 | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ ~~Change~~ ☐ Addition |
| NAME | | | 6.2 NAME | 700001866491 | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | -06/19/96--01030--018 | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | ***225.00 | |

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:** _____ President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96
Date

407-279-9200
Daytime Phone Number