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

PROFIT CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

FILED

Apr 29 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000000467 (7)

BELLECHASE CUSTOM HOMES, INC.

							68fif 88ft 0011 010 6 8fft 1001 1901
Principal Place of Business Mailing Address							
1995 N.W. 17TH AVE SUITE 114		1395 N.W. 17TH AVE SUITE 114					
DELRAY BEACH FL 33426 DELRAY BEACH FL 33445			H FL 33445-25!	52			
						3. Date Incorporated or Qualified 01/03/1995	3a. Date of Last Report 06/18/1996
2. Principal P	lace of Business	2a. Mailing Ad	idress			4. FEI Number	Applied For
21		26				65-0550061	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional
22		27				5.	Fee Required
City & State		City & State				6. Election Campaign Financing	\$5.00 May Be
23		28				Trust Fund Contribution	Added to Fees
Zip	Country	Zip	ļ	Country		8. This corporation has liability for i	. • <i></i>
24	[25]	[29]	30	ــــــــــــــــــــــــــــــــــــــ		Florida Statutes	Yes No
	9. Name and Address of Current	Hegisterea Agen	1	81	Nama	10. Name and Address of New Re-	Jistered Agent
	rden, stephen j			61	Name		
1395 N.W. 17TH AVE				82	Street	Address (P.O. Box Number is Not Acceptab	le)
	TE 114						
DEL	RAY BEACH FL 33426			83			
				84	City		85 Zip Code
					,		FL 33445
11, Pursuant i office or re agent. La	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligat	and 607.1508, Flo f Florida. Such ch ions of, Section 60	orida Statutes, ange was auth 07.0505, Florid	the above orized by a Statutes	o-named the cor 3.	corporation submits this statement for the p poration's board of directors. I hereby accep	urpose of changing its registered it the appointment as registered
SIGNATURE	•						
Olonovione	Signature, typed or printed name of registered agent		(NOTE: Ro	gistered Age	nt signature	required when reinstating)	DATE
12.	OFFICERS AND			13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	PVD		DELETE	1.1 THLE			Change Addition
NAME	Warden, Stephen J			1.2 NAME			
STREET ADDRESS	1395 N.W. 17TH AVE SUITE 11	4		1.3 STREET	ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33426			1.4 CITY - S	1 - 7IP		33445
TITLE	D		DETETE	21 TITLE			☐ Change ☐ Addition
name	SELDOMRIDGE, JOHN			22 NAME			
STREET ADDRESS	1395 N.W. 17TH AVE SUITE 11	4		2.3 STREFT	ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33426			2.4 CITY-5	ST - ZIP		33445
TITLE	T		DELETE	3.1 THLE			Change Addition
NAME	STRASSER, MICHELLE C			32 NAME		Michelle S. Ward	in
STREET ADDRESS	1395 N.W. 17TH AVE SUITE 11	4		3 3 \$18EET	ADDRESS	OBOUTO STATE OF THE PARTY OF TH	
CITY-ST-ZIP	DELRAY BEACH FL 33426			3.4. CITY - 5	51 - ZIP	Company District	334U5
TITLE .			DELETE	4.1 TBLF			Change Addition
NAME				4. 2 NAME			
STREET ADDRESS				4.3 STREET	ADDRESS		
CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·	4.4 CITY - S	1 - Z IP		
TITLE			DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET	ADDRESS		
CITY-ST-ZIP				5.4 CITY-S	1-ZIP		
TITLE			DELETE	6.1 TITLE			Change Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET	ADDRESS		
	•					1	

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 13 if changed, or on an attachment with an address. 11/2/102