


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

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Mar 12, 1999 8:00 am  
Secretary of State

03-12-1999 90017 020 \*\*\*450.00

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| PROFIT CORPORATION<br>ANNUAL REPORT<br>1999  |  | <br>FLORIDA DEPARTMENT OF STATE<br>Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| DOCUMENT # P95000002577  |  |  |  |
| 1. Corporation Name<br>BELLEAIR RESORTS CORPORATION  |  |  |  |
| Principal Place of Business<br>536 20TH AVE<br>INDIAN ROCKS BCH FL 33783<br>US   |  | Mailing Address<br>1401 N MISSOURI AVE #128<br>LARGO FL 33770<br>US  |  |
| 2. Principal Place of Business<br>21 679 HARBOR ISLAND<br>Suite, Apt. #, etc.<br>22<br>City & State<br>23 CLEARWATER FL<br>Zip Country<br>24 33767 25 Pineellas  |  | 2a. Mailing Address<br>26<br>Suite, Apt. #, etc.<br>27<br>City & State<br>28<br>Zip Country<br>29 30   |  |
| 9. Name and Address of Current Registered Agent<br>RALPH F REUSS, III<br>679 HARBOR ISLAND<br>CLEARWATER FL 33767  |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City FL 85 Zip Code                                       |  |
| 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.<br>SIGNATURE <i>Ralph F. Reuss, III</i> DATE 1.10.99<br>(NOTE: Registered Agent signature required when reinstating) |  |  |  |
| 12. OFFICERS AND DIRECTORS   |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |  |
| TITLE DP<br>NAME MASATO KUROSAWA<br>STREET ADDRESS 536 20TH AVE<br>CITY-ST-ZIP INDIAN ROCKS BCH FL 33785<br>X DELETE   |  | 1.1 TITLE DP<br>1.2 NAME E. Michael Meza<br>1.3 STREET ADDRESS 33701<br>1.4 CITY-ST-ZIP 320 14th Ave N.E. ST Pete FL.  |  |
| TITLE DST<br>NAME TAKETO KUROSAWA<br>STREET ADDRESS 536 20TH AVE<br>CITY-ST-ZIP INDIAN ROCKS BCH FL 33785<br>X DELETE  |  | 2.1 TITLE DS<br>2.2 NAME RALPH F. REUSS, III<br>2.3 STREET ADDRESS 33767<br>2.4 CITY-ST-ZIP 679 HARBOR ISLAND CHUTE FL   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>DELETE   |  | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP<br>Change Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>DELETE   |  | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP<br>Change Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>DELETE   |  | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP<br>Change Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>DELETE   |  | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP<br>Change Addition  |  |

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 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-99 727-2980742  
Date Daytime Phone #

CR2E034 (11/98)