

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Apr 09 1998 8:00am
Secretary of State

DOCUMENT # 95-000008306

1. Corporation Name

BELLSHIRE, INC.

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified
02/01/95

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 503 Beachwalk Circle

26 c/o Arlene F. Austin, PA

4. FEI Number

65-0588494

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 5811 Pelican Bay Blvd

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Naples FL

28 Naples FL

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

Zip

Country

24 34k08

29 34108

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

Arlene F. Austin

82 Street Address (P.O. Box Number is Not Acceptable)

Arlene F. Austin, P.A.

83 5811 Pelican Bay Blvd. Suite 206A

84 City

Naples

FL

85 Zip Code

34108

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, 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

[Signature]

04/01/98

Signature of person changing name of registered agent and title if applicable

NOTE: Registered Agent signature required when re-registering

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	CH/D	<input type="checkbox"/> DELETE
2. STREET ADDRESS	Sam Vella	
3. CITY-STATE-ZIP	503 Beachwalk Circle	
	Naples FL 34108	
4. NAME	P/D	<input type="checkbox"/> DELETE
5. STREET ADDRESS	John Vella	
6. CITY-STATE-ZIP	100 Carnforth Rd.	
	North York Ontario CA M4A2K7	
7. NAME	S/T	<input type="checkbox"/> DELETE
8. STREET ADDRESS	Patricia Vella	
9. CITY-STATE-ZIP	503 Beachwalk Circle	
	Naples, FL 34108	
10. NAME		<input type="checkbox"/> DELETE
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. NAME		<input type="checkbox"/> DELETE
14. STREET ADDRESS		
15. CITY-STATE-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

200002483612
-04/09/98-01008-030
***150.00

I 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:

[Signature]

Apr 2/98

CR2E034 (12/95)