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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P95000008306 Corporation Name

BELLSHIRE, INC.	:: [*]			
A Division of Divisions	. Mailing Address			
Principal Place of Business	CIO ARIENE F. AUSTIN. PA			
503 BEACHWALK CIR NAPLES FL 34108	5811 PELICAN BAY BLVU. #200	5A	DO NOT WRITE IN THIS SPACE	
NAPLES EL SHIOV.	NAPLES FL 34108		3. Date Incorporated or Qualifed	
		•	02/01/1995	Applied For
	A A A A A A A A A A A A A A A A A A A		4. FEI Number	Applied For 12
2. Principal Place of Business	2a. Mailing Address		65-0588494	\$8.75 Additional
21	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
Suite, Apt. #, etc.	<u> </u>		5. Certificate of States Decision	
22	27 City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees
City & State	City & State		Trust Fund Contribution	
23	28	Country	8. This corporation owes the current year I	Intangible ☐ Yes ☐ No
Zip Country	Zip 30	, ·	Demonal Property Tax.	
' [ar]	 _ 	1	10. Name and Address of New Registere	u vaeu
9. Name and Address of	Current Registered Agent	81 Name		
	Control of the second of the s	an Charlet Add	ress (P.O. Box Number is Not Acceptable)	_
AUSTIN, ARLENE F		82 Street Add		10 2 3 3 12 12 13 13 13 13 13 13 13 13 13 13 13 13 13
5811 PELICAN BAY BLVD.		83		
SUITE 206A			4 MARTIN - E. M. SALE - B. S. S. C.	85 Zip Code
NAPLES FL 34108		84 City	. <u>, , I</u>	L via registered
		the above-named cor	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	on changing its registered
SIGNATURE Signature, typed or printed Name of reg	OBSERVED AND DIRECTORS OBSERVED AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
TITLE CD		1.2 NAME		,
NAME VELLA, SAM		1.3 STREET ADDRESS		
OTREST ADDRESS 100 CARNFORTH RD				ļ
CITY-ST-ZIP NORTH YORK ONTARI		1.4 CITV_ST_7ID		Change D Addition
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A CARNEOUTH DD	IO DELETE	2.1 TITLE 2.2 NAME		☐ Change ☐ Addition
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14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling 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, with all other like empowered. CITY-ST-ZIP

SIGNATURE:

FILED

Jan 29, 1999 8:00am

Secretary of State

01-29-1999 90001 008 ***150.00