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

Mailing Address

SUNRISE FL 33321

7800 W OAKLAND PARK BLVD

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000037139**1. Corporation Name

Principal Place of Business

7800 W OAKLAND PARK

SUNRISE FL 33351

BELLE TERRE REAL ESTATE ASSOCIATES, INC.

					05/10/1995		_		
2. Principal Pl	cipal Place of Business 2a. Mailing Address				4. FEI Number		Apı	olied For	
21	26				65-0578911		Not	Applicable	
Suite, Apt.						Desired -	\$8.75 A	dditional	
22	27				- 5. Certificate of Status	Desired LJ -	Fee Re	quired	
City & State City & State		."		6. Election Campaign	Financing -	\$5.00	May Be		
23	28			Trust Fund Contribution Added to Fees			· · · · · · · · · · · · · · · · · · ·		
Zip	Country	Zip	Country		g. This corporation ow		Intangible		
24	25	29 3			Personal Property 1	·-		□No	
24	9. Name and Address of Current I	1	<u>, </u>		10. Name and Addres		d Agent		
	3. Name and 7.44.140.00	81	Name		:				
LARDIN, THOMAS D							<u> </u>		
1901 W. CYPRESS CREEK ROAD				82 Street Address (P.O. Box Number is Not Acceptable)					
SUITE 100					 		· -		
FORT LAUDERDALE FL 33309								{	
LOUI TYONEUNTE LT 99909				City			85 Zip C	ode	
·						F			
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12.	OFFICERS AND DIRECTORS 13.				ADDITIONS/CHANG	ES TO OFFICERS			
TITLE	PS	☐ DELETE	1,1 TITLE				Change	☐ Addition	
NAME	KRUGLANSKI, ANDREW A		1.2 NAME						
STREET ADDRESS	DOOR ME GALLE TAID DADIE BLAD HOR			T ADDRESS	-		-		
				T-ZIP	•				
TITLE	OOM NOE 1 E	☐ DELETE	2.1 TITLE			 -	☐ Change	Addition	
NAME		_	2.2 NAME			•			
	•		1	T ADDRESS					
STREET ADDRESS			2.4 CITY-S				-		
CITY-ST-ZIP		DELETE	3.1 TITLE	51-217	<u> </u>		Change	Addition	
TITLE		- OCCUPA							
NAME			3.2 NAME						
STREET ADDRESS	• •			TADDRESS					
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP				- Addition	
TITLE		☐ DELETE	4.1 TITLE			•	Change	☐ Addition	
NAME	· · · · · · · · · · · · · · · · · · ·		4. 2 NAME						
STREET ADDRESS		4.3		T ADDRESS					
CITY-ST-ZIP			4.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	5.1 TITLE				Change	Addition	
NAME			5.2 NAME						
STREET ADDRESS	•		5.3 STREE	TADDRESS .					
CITY-ST-ZIP			5.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	6.1 TITLE		<u> </u>		☐ Change	Addition	
NAME		_	6.2 NAME						
				TADDRESS		•	_		
STREET ADDRESS	•		6.4 CITY+S		•		•		
CITY-ST-ZIP	notify that the information countied with	this filing does not qualify for the			Section 119 07/3\/ii\ Florida	Statutes I further	certify that the in	nformation	
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 of 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 changes, or on an attachment with an address, with all other like empowered.									
BIOCK 12	or block is ir changea, or on an attachi	mont with an address, with all c	Julei like ei	inhoweren.	•				

SIGNATURE:

4/28/99

(954) 749-8800

FILED

May 03, 1999 8:00 am Secretary of State

05-03-1999 90047 050 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed