

FILED
May 14 1997 8:00am
Secretary of State

MAY-01-97 14:48 FROM: HOLYFIELD ASSOCIATES

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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT #

P95000039483

1. Corporation Name

BELLE & MAXWELLS, INC.

Principal Place of Business

Mailing Address

3700 S. DIXIE HWY., #1 3700 S. DIXIE HWY., #1
WEST PALM BEACH, FL 33405 WEST PALM BEACH, FL 33405

2. Principal Place of Business

2a. Mailing Address

21. State: FL 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. 25. 29. 30.

3. Date Incorporation or Qualification
5/15/95

3a. Date of Last Report
4/22/96

4. FRI Number

Assigned For

65-0581465

Not Applicable

5. Certificate of Status - Domestic

\$8.75 Additional
Fee Required

6. Election Campaign Preparation
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for corporation 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

CONNIE BEAUDOIN KARLSON
221 ARGYLE ROAD
WEST PALM BEACH, FL 33405

01. Name

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

03.

04.

FL 05. City, State

11. I, the undersigned, being the officer or director of the corporation, do hereby certify that the information furnished on this report is true and accurate and that I am an officer or director of the corporation and that I am duly qualified to execute this report as required by Chapter 807, Florida Statutes.

12. I, the undersigned, being the officer or director of the corporation, do hereby certify that the information furnished on this report is true and accurate and that I am an officer or director of the corporation and that I am duly qualified to execute this report as required by Chapter 807, Florida Statutes.

13. I, the undersigned, being the officer or director of the corporation, do hereby certify that the information furnished on this report is true and accurate and that I am an officer or director of the corporation and that I am duly qualified to execute this report as required by Chapter 807, Florida Statutes.

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

01. TITLE

01. TITLE

☐ Change ☐ Addition

02. NAME

02. NAME

03. STREET ADDRESS

03. STREET ADDRESS

04. CITY, ST, ZIP

04. CITY, ST, ZIP

05. SEC./TREAS.

05. TITLE

☐ Change ☐ Addition

06. NAME

06. NAME

07. STREET ADDRESS

07. STREET ADDRESS

08. CITY, ST, ZIP

08. CITY, ST, ZIP

09. TITLE ☐ DELETE

09. TITLE

☐ Change ☐ Addition

10. NAME

10. NAME

11. STREET ADDRESS

11. STREET ADDRESS

12. CITY, ST, ZIP

12. CITY, ST, ZIP

13. TITLE ☐ DELETE

13. TITLE

☐ Change ☐ Addition

14. NAME

14. NAME

15. STREET ADDRESS

15. STREET ADDRESS

16. CITY, ST, ZIP

16. CITY, ST, ZIP

17. TITLE ☐ DELETE

17. TITLE

☐ Change ☐ Addition

18. NAME

18. NAME

19. STREET ADDRESS

19. STREET ADDRESS

20. CITY, ST, ZIP

20. CITY, ST, ZIP

21. TITLE ☐ DELETE

21. TITLE

☐ Change ☐ Addition

22. NAME

22. NAME

23. STREET ADDRESS

23. STREET ADDRESS

24. CITY, ST, ZIP

24. CITY, ST, ZIP

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-05/27/97--01002--020
***165.00

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(3)(b), 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes, and that my name