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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000042530 (2)

BON-E-BELLE ENTERPRISES INC.

## FILED Apr 08 1997 8:00am Secretary of State



2. Principal Place of Business   28. Mailing Address   4. FEI Number   59-33 15809    Suite, Apt. #, etc   Suite, Apt. #, etc.   5. Certificate of Status Desired   27    City & State   City & State   6. Election Campaign Financing   Trust Fund Contribution   28    Zip   Country   Zip   Country   8. This corporation has liability for inta   24   25   29   30   Florida Statutes   Y    9. Name and Address of Current Registered Agent   10. Name and Address of New Registration   10. Name and Addres	res No intered Agent  FL 85 Zip Code
3. Date Incorporated or Qualified 05/25/1995  2. Principal Place of Business 2s. Mailing Address 4. FEI Number 59-33 15809  Suite, Apt. #, etc. 5. Certificate of Status Desired 59-33 15809  Suite, Apt. #, etc. 5. Certificate of Status Desired 59-33 15809  City & State 5. Election Campaign Financing 7 Trust Fund Contribution 52 8 7 Trust Fund Contribution 54 8 7 Trust Fund Contribution 55 8 7 Trust Fund Contribution 56 8 7 Trust Fund Contribution 57 8 8 7 Trust Fund Contribution 57 Trust Fund	Applied For Not Applicable  \$8.75 Additional Fee Required  \$5.00 May Be Added to Fees angible tax under s. 199.032, rices No Notared Agent  85 Zip Code
2. Principal Place of Rusiness 28. Mailing Address 4. FEI Number 59-33 15809  Suite, Apt. #, etc 5. Suite, Apt. #, etc. 5. Certificate of Status Desired 22  City & State 6. Certificate of Status Desired 6. Certificate of Status Desired 6. Certificate of Status Desired 7. City & State 7. City & State 8. Election Campaign Financing 7. Trust Fund Contribution 7. Country 8. This corporation has liability for interprints of Status 7. Country 8. This corporation has liability for interprints 7. Country 9. Name and Address of Current Registered Agent 9. Name and Address of New Register 10. Name	Applied For Not Applicable  \$8.75 Additional Fee Required  \$5.00 May Be Added to Fees angible tax under s. 199.032, rices No Notared Agent  85 Zip Code
Su le, Apt. #, etc.  Su le, Apt. #, etc.  City & State  City  Name and Address of New Regis  Ram SenCup, HENRY M  6007 N GUNLOCK AVE  TAMPA FL 33614  83  City  11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the pure 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 agent I am further with, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  Signature lynder by printed name of registered agent and life! I applicable (NOTE Registered Agent signature required when reinesting)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICER  THE LADRESS  TAMPA FL  TAMPA	Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees angible tax under s. 199.032, res No stered Agent  85 Zip Code
City & State  Country  Zip  Country  Zip  Country  Signature Florida Statutes  Signature Find Contribution  Trust Fund Contribution  Registered Agent  10, Name and Address of New Registered Agent  10, Name and Address of New Registered Agent  Signature Find Country  Street Address (P.O. Box Number is Not Acceptable)  Address of New Registered Agent  City  11. Pursuant to the provisions of Sections 697,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purg 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 agent I am fain fair with, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  Signature Figure P	Fee Required  \$5.00 May Be Added to Fees angible tax under s. 199.032. Yes No stered Agent  85 Zip Code
28 Trust Fund Contribution   Zip Country Zip Country Country B. This corporation has liability for inta Florida Statutes Yield Yield Statutes Yield Yield Statutes Yield Yield Statutes Yield Yi	Added to Fees angible tax under s. 199.032. res No stered Agent  85 Zip Code
9. Name and Address of Current Registered Agent  MASENCUP, HENRY M 6007 N GUNLOCK AVE TAMPA FL 33614  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpoffice 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 agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signalure, brief or prefer agent and life if applicable (NOTE Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICER  MASENCUP, HENRY M.  6007 N GUNLOCK AVE  13. SIREET ADDRESS  6007 N GUNLOCK AVE  13. SIREET ADDRESS	res No intered Agent  FL 85 Zip Code
9. Name and Address of Current Registered Agent  MASENCUP, HENRY M 6007 N GUNLOCK AVE TAMPA Ft. 33614  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 84 City  11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpositive 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 agent I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  Signature, fyorid or printed name of registered agent end idle if applicable (NOTE Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICER  MASENCUP, HENRY M.  6007 N GUNLOCK AVE  1.3 STREET ADDRESS	FL 85 Zip Code
MASENCUP, HENRY M 6007 N GUNLOCK AVE TAMPA FL 33614  82 Street Address (P.O. Box Number is Not Acceptable)  83 R4 City  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpodice 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 agent I am farm liar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signalure, typical or profited name of registered agent end left if applicable  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICER  THEE MASENCUP, HENRY M.  6007 N GUNLOCK AVE  1.1 TITLE  MASENCUP, HENRY M.  6007 N GUNLOCK AVE  1.3 STREET ADDRESS	FL 85 Zip Code
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12. OFFICERS AND DIRECTORS  THEF NAME STREFT ADDRESS  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICER  1.1 THE  1.2 NAME  1.2 NAME  1.3 STREET ADDRESS  TANDA FI	DATE
NAME MASENCUP, HENRY M. STREET ADDRESS 6007 N GUNLOCK AVE 1.3 STREET ADDRESS TANDA EL	
STREET ADDRESS 6007 N GUNLOCK AVE 1.3 STREET ADDRESS	Change Addition
TARADA EL	
CITY-ST-ZIP 1.4 CITY-ST-ZIP	
TITLE VP DELETE 2.1 TITLE	Change Addition
NAME MASENCUP, BONNIE A. 22 NAME STHEEL ADDRESS 6007 N GUNLOCK AVE 2.3 STREET ADDRESS	
TANDA CI	
CITY-S1-7/P	Change Addition
NAME 3.2 NAME	
STREET ADDRESS 3.3 STREET ADDRESS	
C/1Y+S1-7/P 34. C/1Y+S1-2/P	
THE DELETE 41 TITLE	Change Addition
NAME 4.2 NAME	
STREET ATORIESS 4.3 STREET ADDRESS	
CHY-S1-7/P 4.4 CHY-S1-7/P	T 0 1 42200
THE DELETE 51 TITLE	Change Addition
NAME  5.2 NAME  6.4 OTHERS ADDRESS	
STREET ADDRESS  5.3 STREET ADDRESS	
C11'- S1- Z1P	
N4Mi 6.2 NAME	Change Addition
STREET ADDRESS 6.3 STREET ADDRESS	Change Addition
CHY-ST-7/P 64 CHY-ST-7/P	Change Addition

I do 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 fignature 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 extrequired 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: HENRY MASKACOAL

4-1-9

813-879-7567

Daytime Phone 4