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

PROFIT CORPORATION ANNUAL REPORT

1998

丁書記の一個中心は出版をまて変める世界の情報で、日本の中の経過できる最高には過過するから、世界の行うなは我による時候を連合で、一次は他による

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000042530 (2)

BON-E-BELLE ENTERPRISES INC.

FILED Mar 11 1998 8:00am Secretary of State



Principal Place of Business	Mailing Address		s indiinas isa idilet Attit Galis Antil Obits Abits	INTO DEPUT DELLO ALIELE MOLLE EPOL
007 N GUNLOCK AVE 6007 N GUNLOCK AVE AMPA FL 33614 TAMPA FL 33614				
			DO NOT WRITE IN THI	\$ SPACE
			3. Date Incorporated or Qualified	}
2. Principal Place of Business	2a, Mailing Address		05/25/1995 4. FEI Number	Applied For
21	26		59-3315809	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State	•	6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the o	
24 25		30	Personal Property Tax due June 30. 10. Name and Address of New Registers	Yes No
Ad No.				а мани
MASENCUP, HENRY M				
6007 N GUNLOCK AVE		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
TAMPA FL 33614		83		
		84 City		85 Zip Code
		'	<u>_</u> <u>_</u>	L '
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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.				
SIGNATURE				
Signature, typed or printed name of registered agent		Registered Agent signature requ		UD DIDECTORS IN 40
12. OFFICERS AND	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME MASENCUP, HENRY M.		1.2 NAME		Containing Company
STREET ADDRESS 6007 N GUNLOCK AVE		1.3 STREET ADDRESS]:
CITY-ST-ZIP TAMPA FL		1.4 CITY-ST-ZIP		1
TITLE VP	DELETE	21 TITLE		Change Addition
NAME MASENCUP, BONNIE A.		2.2 NAME		
STREET ADDRESS 6007 N GUNLOCK AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP TAMPA FL		2.4 CITY-ST-ZIP		
TITLE	DELETE	3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY - ST - ZIP		3.4. CITY-ST-ZIP		
TITLE	☐ DEL ete	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP	DELETE	4.4 CITY - ST - ZIP		Change Iddition
TITLE	DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	☐ D€LETE	5.4 CITY-ST-ZIP 6.1 TITLE	······································	Change Addition
NAME	vecet	6.2 NAME		FT CHENSO FT LOCKED
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-2IP		6.4 CITY-ST-ZIP		
14. I hereby certify that the information supplied with	this filing does not qualify for		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.

SIGNATURE: HENRY M. MASENCUA Jour

813-879.7567