| SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  AMOUNT DUE ON 18 BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).  |   |   |  |  |                |
|--|---|---|--|--|----------------|
| · cor  | PROFIT RPORATION JAL REPORT                   | Katheria                                  | RTMENT OF STATE<br>ne Harris<br>y of State |  | }              |
| l  | 1999  | (2) 1 F                                   | ORPORATIONS                                | 99 SEP 29 PH 149   | j              |
| DOCUMENT # P95000056293  |   |   |  | SECRETARY OF STATE.<br>TALLAHASSEE, FLORIDA  | }              |
| BELLE OAK CENTER, INC.   |   |   |  | William Marie Control  | 1              |
| <u> </u>   |   |   |  |  | #              |
| Principal Place of Business Mailing Address 3669 EL CANINO COURT LARGO FL 34641 LARGO FL 34641   |   |   |  | DO NOT WRITE IN THIS SPACE   |                |
| 3900-  | BELLE OALL BIL                                | 10. 3900-TSENE                            |  | 3. Date incorporated or Qualified  | 1 l            |
|  | race of Business                              | 2a. Mailing Address                       | - 55711                                    | 07/20/1995 4. FEI Number Applied For   | <b> </b>       |
| 21   |   | 26  |  | 59-3327176 Not Applicable  | 1 :            |
| Suite, Apt   | #, etc  | Suite, Apt. #, etc.                       |  | 5. Certificate of Status Desired SB.75 Additional Fee Required   |                |
| City & Stal  | te  | City & State                              |  | B. Election Campaign Financing     Trust Fund Contribution     Added to Fees   |                |
| Zip<br>24  | Country<br>25                                 | Zip<br>20                                 | Country                                    | 8. This corporation owes the current year Intengible Personal Property.  |                |
|  | 9. Name and Address of C                      |   |  | 10. Name and Address of New Registered Agent   | -              |
| O'CONNOR, PATRICK M  |   |   |  |  |                |
| CHITCHEAN HOAD   |   |   |  | t Address (P.O. Box Number is Not Acceptable)  |                |
| SUITE 160 83<br>CLEARWATER FL 33764  |   |   |  |  |                |
|  |   |   | 84 City                                    | FL 85 Zip Code   | ] =:<br>[:     |
| 11. Pursuan  | t to the provisions of sections 607           | .0502 and 607.1508, Florida Statutes      | , the above-named o                        | corporation submits this statement for the purpose of changing its registered<br>poration's board of directors. I hereby accept the appointment as registered  | ] =:           |
| 1  | am familiar with, and accept the              | obligations of, section 607.0505, Flor    | ida Statutes.                              |  | l =            |
| SIGNATURE  | Signature, typed or printed name of registers |   |  | ture required when reinstating) DATE   | £ €            |
| 12.  | OFFICER<br>DPST                               | S AND DIRECTORS DELETE                    | 13.  | ADDITIONS/CHANGES TO OFFICERS AND DIBECTORS IN 12  | ( <u>9</u> )   |
| NAME   | PAJAK, GARY                                   | € DETE IE                                 | 12 NAME                                    | C DESTANCE OF THE  | R2E034         |
| STREET ADDRESS   | 3669 EL CAMINO CT                             |   | 1.3 STREET ADDRESS                         |  | S -            |
| CITY-ST-ZIP<br>TITLE   | LARGO FL 34641                                | DELETE                                    | 1.4 City ST-ZIP<br>2.1 TITLE               | LATEUFL 3377)  | ៦              |
| NAME   |   |   | 22 NAVE                                    |  | } =            |
| STREET ADDRESS   |   |   | 23 STREET ADDRESS                          | <u> </u>   | -              |
| CITY-ST-ZIP<br>TITLE   |   | DELETE                                    | 34 CITY-ST-ZIP<br>31 TITLE                 | L Change Addition  |                |
| HAME   | 1   | C SCIENT                                  | 32 NAME                                    |  | E <del>3</del> |
| STREET ADDRESS   |   |   | 13 STREET ADDRESS                          | -10/06/99010740<br>*****88.75 ******8  | 96<br>8 75-    |
| CITY-ST-ZIP<br>TITLE   |   | DELETE                                    | 34 City-St-ZiP<br>4.1 Title                | Change Addition  | _              |
| NAVE   |   | ביין טבנכונ                               | 4.2 NAME                                   | Clouds — whence  | Ξ              |
| STREETADORESS  |   |   | 4.3 STREET ADDRESS                         |  |                |
| CITY-ST-ZIP  |   | DELETE                                    | 4.4 CITY-ST-ZIP                            | Change Addition  |                |
| NAME   |   |   | 5.2 NAME                                   | 07-20-99 90032 003 61:   | a — —          |
| STREET ADDRESS   |   |   | 53 STREET ACORESS                          | 10120 11 1W35 WS' W.   | ~~             |
| CITY-ST-ZHP  | ·   | DELETE                                    | 5.4 CITY-ST-ZIP<br>6.1 TITLE               | The state of the s |                |
| NAME   |   | F-1 pereit                                | 62 NAME                                    | Change Addition  | = 7            |
| STREET ADDRESS   | A Section 1                                   |   | 6.3 STREET ADDRESS                         |  | = /            |
| 14. I hereby ce  | ertify that the information supplied          | with this filing does not qualify for the | 6.4 CITY-ST-ZIP                            | p section 119 07(3Vi). Florida Statutes I further certify that the information   | , \C           |
| 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 is uppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address. |   |   |  |  |                |
| SIGNATURE: 727-591-5990  |   |   |  |  |                |
| BIGHATURE AND TIPED OR DISTRIBUTED HAME OF SIGHING OFFICER OR DIRECTOR Date Dayline Prope 8  |   |   |  |  |                |



10707-66 STREET NO. SUITE 7 PINELLAS PARK, EL 33782

Phone 727-541-2287 Fax 727-546-8447

August 17, 1999

MARIE BARTLETT FLORIDA DEPARTMENT OF STATE ANNUAL REPORTS DIVISION PO BOX 6327 TALLAHASSEE, FL 32314

IN RE: GARY PAJAK BELLE OAK CENTER INC ANNUAL REPORT FOR 1999:

DEAR MS. BARTLETT,

GARY PAJAK OF THE BELLE OAK CENTER INC SAID HE HAD A CONVERSATION WITH YOU AUGUST 16, 1999 ABOUT THE LATE FILING OF THE ANNUAL REPORT. WE WOULD LIKE TO SHARE WITH YOU SOME OF THE PROBLEMS WE HAD WITH THE ADDRESS ON THE ANNUAL REPORT FOR 1999.

THE PRINCIPAL PLACE OF BUSINESS ADDRESS WAS WRONG FOR 1999 - IT LISTED THE ADDRESS AS 3669 EL CAMINO COURT, LARGO, FL., WHEN IT SHOULD HAVE BEEN 3900 BELLE OAK BLVD., LARGO, FL 33771.

WELL, THE ANNUAL REPORT GOT BOUNCED AROUND A LITTLE BIT AND GOT US IN THIS MESS WITH YOUR OFFICE - ON TOP OF THAT MR. PAJAK THOUGH THAT A NON PROFIT CORPORATION WAS ONE THAT DID NOT HAVE A PROFIT INCOME FOR THE YEAR AND HE SENT IN THE NON PROFIT FEE OF 61.25 WHEN IT SHOULD HAVE BEEN 150.00.

IN HIS CONVERSATION HE STATED THAT YOU WOULD ACCEPT THE ADDITIONAL 88.75 FOR 1999, AND WE WOULD BE EVEN FOR 1999 - THIS WOULD HELP A LOT!

WE WILL MAKE ALL CORRECTIONS ON THE 2000 ANNUAL REPORT - OR IF YOU CAN SEND ME A BLANK FORM I WILL DO IT NOW.

THANKS FOR CONSIDERATION IN THIS BIZARRE SITUATION.



