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

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000067643 (3)

J.V. BELLANCA CORPORATION

Principal Place of Business	

Mailing Address

**FILED** Apr 24 1997 8:00am Secretary of State



1900 COUNTRYMEADOWS TERRACE   1900 COUNTRYMEADOWS TERRACE   SARASOTA FL 34235   SARASOTA FL 34235-8200		ERRACE						
					3. Date Incorporated or Qualified 09/01/1995	3a. Date of Last 6	Report	
	2. Principal Place of Business 2a. Mailing Address				4. FEI Number	I A	pplied For	
21		26			65-0611396	Not Applicable		
		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	City & State City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip Country			8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29 30			Florida Statutes			
	9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
l Bell	ANCA, JOSEPH V		В	B1 Name				
1900 COUNTRYMEADOWS TERRACE SARASOTA FL 34235			8	82 Street Address (P.O. Box Number is Not Acceptable)				
ONTROUTH PL 04200			8	3				
			8	4 City		FL 85 Zip	Code	
11. Pursuant to the provisions of Soctions 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, typod or printed name of registered ag			gent signaturu req	quired when reinstating)	DATE.		
12.		ID DIRECTORS	·		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	Addition 2	
NAME			1,1 TITLE 1,2 NAM			L., Change	Apolition   6	
l 1								
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS			[1]	
TITLE						Change	Addition	
NAME			2.2 NAMI	1		□ Onlange		
STREET ADDRESS	l l			ET ADDRESS				
CITY-ST-ZIP			2.4 CITY		:	•		
TITLE			3.1 TITLE			☐ Change	Addition	
NAME			3.2 NAMI					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			3.4. CITY					
TITLE			4.1 TITLE			Change	Addition	
NAME			4. 2 NAM	F I		•		
STREET ADDRESS			4.3 STRE	ET ADDRESS				
CITY-ST-ZIP			4.4 CITY-	S1-7IP				
TITLE			51 1ITLE			Change	Addition	
NAME	_		5.2 NAME					
STREET ADDRESS			5.3 STRE	ET ADDRESS				
CITY-ST-ZIP			5.4 CITY					
TITLE			6.1 TITLE			Change	Addition	
NAME			6.2 NAM			_		
STREET ADDRESS			6.3 STREE	1 ADDRESS				
CITY-ST-ZIP			6.4 CITY	ST-ZIP				

14. 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 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.