

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P95000090785 (3)

1. Corporation Name

150 VIA BELLARIA, CORP.



Principal Place of Business

Mailing Address

**340 ROYAL PALM WAY
3RD FLOOR
PALM BEACH FL 33480**

**340 ROYAL PALM WAY
3RD FLOOR
PALM BEACH FL 33480**

3. Date Incorporated or Qualified

11/29/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

65-0620690

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**CHOPIN, L. FRANK ESQ.
CHOPIN, MILLER & YUDENFREUND
440 ROYAL PALM WAY, SUITE 200
PALM BEACH FL 33480**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(Typed or Printed Agent Signature required when not applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☒ Addition

12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
**Director, President
Edward W. Cook
340 Royal Palm Way
Palm Beach FL 33480**

21 TITLE ☐ Change ☒ Addition

22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
**Director, Exec. VP, Treas.
W. C. Grapes
340 Royal Palm Way
Palm Beach FL 33480**

31 TITLE ☐ Change ☒ Addition

32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
**Director, VP
Mark W. Cook
340 Royal Palm Way
Palm Beach FL 33480**

41 TITLE ☐ Change ☒ Addition

42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
**Secretary
Charlotte Darling
340 Royal Palm Way
Palm Beach FL 33480**

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W.C. Grapes (W.C. Grapes)

6-26-96

407-655-7004

CR2E034 (3/96)