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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000029532

BELLEAIR BROKERS, INC.

FILED May 06, 1999 8:00 am Secretary of State 05-06-1999 90295 035 ***150.00 05-06-1999 90295 036 ***150.00

	. B erke br kke br kk	ar iil ar ii a ii	EKE HEKEN EKNOE	HANG HAN ARE

incipal Plac	ce of Business	Mailing Address		1				
€ CENTRAL AVE. P O BOX 514			}					
		INDIAN ROCKS BEACH FI	_ 33785					
		US	US		DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualifet	3			
				03/29/1996				
	Place of Business	2a. Mailing Address		4. FEI Number		}_	plied For	
90	1 CHESTNUT	26		59-3373792			t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				5, Certificate of Status Desired		\$8.75		
	SUITE B	27		0. Continues of Circles 2001102		Fee Re	equired	
City & Sta		City & State		6. Election Campaign Financing		\$5.00	May Be	
CLE	ARWATER FL	28		Trust Fund Contribution	L-i	Added :	to Fees	
Zip	Country	Zip	Country	8. This corporation owes the cui	rrent year Inta	ngible		
33.	757 25 USA	29	30	Personal Property Tax.		Yes	□No	
	9. Name and Address of Curren	nt Registered Agent		10. Name and Address of New	Registered A	gent		
			81 Name	`=000E ===				
KNA	JUST, WARREN J ESQ.			SEORGE IZZO	and a			
2730	CENTRAL AVE.			ress (P.O. Box Number is Not Accep	table)			
ST.	PETERSBURG FL 33172		83	OI CHESTING				
			<	SUITE B				
			84 City			85 Zip (
		*		LEARWATER	<u> </u>		757	
. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State)2 and 607.1508, Florida Statu	ites, the above-named corp	poration submits this statement for the	e purpose of o	changing its tment as re	registered aistered	
agent. I a	am familiar with, and accept the obliga	ations of, Section 607.0505, Fl	orida Statutes.	ion o podru di emodicia. Marooj 2000	prais appoin		g	
B10 11117	<i>M</i> - ()	M	CARNE	T	4/26	199		
·· · -	Signature, typed or printed name of regulated ager		E: Registered Agent signature requir	ed when remarking)	DATE			
-		D DIRECTORS	13	ADDITIONS/CHANGES TO O	FFICERS ANI	DIRECTO		
	PD	☐ DELETE	1,1 TITLE			Change	☐ Addition	
_	IZZO, GEORGE M		1.2 NAME					
: ADDRESS	902 N PALM DR SW		1.3 STREET ADDRESS					
ST-ZIP	LARGO FL 33770		1.4 CITY-ST-ZIP					
31 <u>Ell</u>	STD	☐ DELETE	2.1 TITLE			Change	Addition	
	HARPER, LAURA		2.2 NAME				_	
	1 -							
_1 ADDRESS	18941 GULF BLVD UNIT D	TOP.	2.3 STREET ADDRESS					
ST-ZIP	INDIAN ROCKS BEACH FL 337		2.4 CITY-ST-ZIP			<u></u>		
	VD	☐ DELETE	3.1 TITLE			Change	☐ Addition	
	KNAUST, WARREN J		3.2 NAME					
I ADDRESS			3.3 STREET ADDRESS					
ST ZIP	ST PETERSBURG FL 33705		3.4. CITY-ST-ZIP					
	VD	☐ DELETE	4.1 TITLE			☐ Change	☐ Addition	
	DANIELSON, PENNY		4. 2 NAME					
.1 ADDRESS	40400 1401 0001 110		4.3 STREET ADDRESS					
ST-ZIP	SEMINOLE FL 34646		4.4 CITY-ST-ZIP					
31-417	CHARTOLL I G OTOTO	☐ DELETE	5.1 TITLE			Change	☐ Addition	
		_ D-40010	5.2 NAME					
	(
I ADDRESS			5.3 STREET ADDRESS					
ST-ZIP			54 CITY-ST-ZIP					
		☐ DELETE	6.1 TITLE			Change	☐ Addition	
	1		6.2 NAME					
	Į.		U.Z. INVIII.					
I AMDRESS			6.3 STREET ADDRESS					
I ACORESS								

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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.