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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1;	99	٤

DOCUMENT #

P96000046489 (6)

1. Corporation Name

BELLEATR INVESTMENT GROUP, INC.

Principal Place of Business

2. Principal Place of Business

Mailing Address

2a. Mailing Address

13832 Oak Forest Blvd. N.

Seminole, FL 33776

21 13832 Oak Forest BlvN

SAME

26 13832 Oak Forest BlvN

## FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90148 028 \*\*\*150.00

\* 4 482xx3 20140 - 5 \*

DO NOT WRITE IN THIS SPACE

Applied For

Not Applicable

Date Incorporated or Qualifed
 05/28/1996

59-3379056

22 Suite, Apt.	#, etc.	27 Suite, Apr. #, etc.			5. Certifcate of Status Desired	<b>30./3</b> / Fee Re			
City & Stat		City & State	·····		6. Election Campaign Financing	\$5.00	May Be		
23 Semin	iole, FL	28 Seminole, FL		Trust Fund Contribution	Added				
Žip	Country	Zip	Country		8. This corporation owes the current	year Intangible			
<b>24</b> 33776	25	29 3 3 7 7 6 30	)		Personal Property Tax.	[X] Yes	□No _		
	9. Name and Address of Current R	Registered Agent			10. Name and Address of New Regi	stered Agent			
0				ame	. M				
	'   60   Maria & Adding a		n M. Kennedy ss (P.O. Box Number is Not Acceptable)	<u></u> -					
l	7 13832		Oak Forest Blvd.	N					
India	n Rocks Beach, FL	33785	83			<del></del>	_		
					85 Zip (	- odo			
	84 City Seminole,			ole,		7776			
11. Pursuant	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								
office or r	egistered agent, or both, in the State of I m familjar <b>y</b> rith, and accept the obligation	Florida. Such change was auth ns of. Section 607.0505. Florida	orized by the a Statutes.	corporation	is board of directors. I hereby accept th	e appointment as re	gisterea		
SIGNATURE	1/1/11				4,	22/99			
SIGNATURE	Signature, typed or printed name of registered agent an	nd title if applitude. (NOTE: Re	gistered Agent sign	sture required v	when reinstating)	DATE			
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTO	RS IN 12		
TITLE T		XXDELETE	1.1 TITLE	T		∑() <b>X</b> hange	☐ Addition		
	ipovich, Doris		1.2 NAME	K∈	ennedy, Sharon				
STREET ADDRESS	751 Harbor Island	4	1.3 STREET ADD	ſ	3832 Oak Forest Bl	vd. N.			
CITY-ST-ZIP	Clearwater, FL	4	1.4 CITY-ST-ZIP		eminole, FL 33776				
TITLE	S	☐ <b>X</b> DELETE	2.1 TITLE	S		XXhange	☐ Addition		
NAME	Olenoski, Annette	e ^`	2.2 NAME	~	iason, Barbara				
STREET ADDRESS	·		2.3 STREET ADD	I	39 118th Way N.				
CITY-ST-ZIP	Clearwater, FI	•	2. 4 CITY-ST-ZIF		eminole, FL 33772				
TITLE	D	XX DELETE	3.1 TITLE	P		∑ y€hange	☐ Addition		
NAME	T .		3.2 NAME	Br	oc, Mary Jane	,,,,			
STREET ADDRESS	Cromer, Lil	***	3.3 STREET ADD		65 E. Bay #614	<u>-</u>			
CITY-ST-ZIP	4 Belleview Blvd. Bellair. Fl	<b>,</b> #205	3.4. CITY-ST-ZIP		earwater, FL 337	64			
TITLE		☐ DELETE	4.1 TITLE		<u> </u>	☐ Change	Addition		
NAME			4. 2 NAME	}					
STREET ADDRESS			4 3 STREET ADD	RESS					
CITY-ST-ZIP			4.4 CITY-ST-ZIP						
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition		
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET ADD	RESS			ļ		
CITY-ST-ZIP			5.4 CITY-ST-ZIP				ĺ		
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition		
NAME .			6.2 NAME						
STREET ADDRESS			6.3 STREET ADD	RESS			i		
CITY-ST-ZIP			6.4 CITY-ST-ZIP				İ		

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 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, with all other like empowered.

SIGNATURE: \_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99 927-392-3947 Date Phone #

CR2E034 (11/98)