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FILED

Jan 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000061273 (4)

1. Corporation Name

BELLE RIVER ASSOCIATES, INC.



Principal Place of Business

Mailing Address

~~405 LA PENINSULA BLVD~~
~~NAPLES FL 34113~~

~~405 LA PENINSULA BLVD~~
~~NAPLES FL 34113~~

530 TAYLOR CT
MARCO ISLAND FL 34145

530 TAYLOR CT
MARCO ISLAND FL 34145

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 530 TAYLOR COURT

22 MARCO ISLAND FL

23 City & State

24 34145

25 Collier

2a. Mailing Address

26 530 TAYLOR COURT

27 MARCO ISLAND

28 City & State

28 FLORIDA

29 34145

30 Collier

3. Date Incorporated or Qualified

07/22/1996

4. FEI Number

59-3389415

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FIUME, FRANK

~~405 LA PENINSULA BLVD~~ 530 TAYLOR CT
~~NAPLES FL 34113~~ MARCO ISLAND FL
34145

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
STREET ADDRESS FIUME, FRANK
CITY-ST-ZIP 405 LA PENINSULA BLVD
NAPLES FL 34113

TITLE ☐ DELETE

NAME D
STREET ADDRESS FIUME, MARIA I
CITY-ST-ZIP 405 LA PENINSULA BLVD
NAPLES FL 34113

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

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

530 TAYLOR CT
MARCO ISLAND FLORIDA 34145

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

530 TAYLOR CT.
MARCO ISLAND FLORIDA

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE *[Signature]*

1-5-98 9413892596

CR2E034 (10/97)