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

Mailing Address

8525 NORTH ARMENIA AVENUE

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

8525 NORTH ARMENIA AVENUE



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**FILED** 

May 05 1998 8:00am

Secretary of State

DOCUMENT # P96000072158 (4)

BILL BELLAMY REALTY, INC.

#79 TAMPA FL 33	NAMA	#79 TAMPA FL 33604		DO NOT WRITE IN THIS SPACE	DO NOT WRITE IN THIS SPACE	
THREE IS SOUT		INMINITE SOUTH		3. Date Incorporated or Qualified		
				08/29/1996		
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-3400680	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		I E Contitionto of Statue Deciron I I T T	5. Certificate of Status Desired See Regulred Fee Regulred	
City & Stat	de	City & State			5.00 May Be	
Zip	Country	28 Zip	Country	This corporation owes or has paid the current year.		
4	25	29	30	Personal Property Tax due June 30.		
71	9, Name and Address of Cur		1	10. Name and Address of New Registered Agent		
00	DLD, AARON J		81 N	ame		
	WEST BAY STREET		<b>B2</b> S	reet Address (P.O. Box Number is Not Acceptable)		
	MPA FL 33606		62  5	eet Address (P.O. Box Number is Not Acceptable)		
179	MI A I E 00000		83			
			<b>B4</b> C	los .	Zip Code	
				FL  85	Zip Code	
office or i agent. I a SIGNATURE	registered agent, or both, in the St am familiar with, and accept the of	ale of Florida. Such change wa digations of, Section 607.0505,	s authorized by the Florida Statutes.	corporation's board of directors. I hereby accept the appointment	ant as registered	
	Signature, typed or printed name of registered			nature required whon reinstating} DATE		
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRE		
TITLE	D	☐ DELETE	1.1 TiTL€		hange L Additio	
NAME	BELLAMY, B.F.	_	1.2 NAME			
STREET ADDRESS	8525 N ARMENIA AVE, #7	9	1.3 STREET ADD			
CITY-ST-ZIP TITLE	TAMPA FL 33604	☐ DELETE	1.4 CITY - ST - ZII 2.1 TITLE	□ CI	hange	
NAME		L_ beert	2.2 NAME		nango 🗀 Noonik	
STREET ADDRESS			2.3 STREET ADD	FSS		
CITY-ST-ZIP			2. 4 CITY - ST - Z			
TITLE		DELETE	3.1 TITLE		hange	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADD	ESS		
CITY-ST-ZIP			3.4. CITY - ST - 21	,		
TITLE		☐ DELETE	4.1 TITLE		hange 🔲 Additio	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STRFET ADD	ESS		
CITY-ST-ZIP		Driete	4.4 CITY- \$1 - ZII		hanna I dalahin	
TITLE		☐ DELETE	5.1 TITLE	. □ CI	hange 🔲 Additio	
NAME			5.2 NAME	rec .		
STREET ADDRESS			5.3 STREET ADD	100		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZII 6.1 TITLE	Пс	hange Additio	
NAME		occit	6.2 NAME			
STREET ADDRESS			6.3 STREET ADD	FSS		
OWNER AND THE	1		0.5 OTHER ADD			

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 suppliminantly 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 publication of the corporation or the publication of the corporation of th