
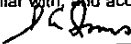


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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
FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90045 019 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000091577					
1. Corporation Name BELLEVUE INVESTMENTS INCORPORATED					
Principal Place of Business 7233 SAN SEBASTIAN DRIVE BOCA RATON FL 33433			Mailing Address 7233 SAN SEBASTIAN DRIVE BOCA RATON FL 33433		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 7129 VIA FIRENZE		2a. Mailing Address 26 7129 VIA FIRENZE		3. Date Incorporated or Qualified 11/07/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0718275	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 BOCA RATON, FL		28 BOCA RATON, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 33433 Country		Zip 33433 Country		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24		29		30	
9. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134			10. Name and Address of New Registered Agent		
			81 Name SIMEON ISAACS		
			82 Street Address (P.O. Box Number is Not Acceptable) 7129 VIA FIRENZE		
			83		
			84 City BOCA RATON FL 85 Zip Code 33433		
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  SIMEON ISAACS PRESIDENT 3-16-99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE P <input checked="" type="checkbox"/> DELETE			1.1 TITLE P/T/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME LEICHTER, HAYLEY M			1.2 NAME SIMEON ISAACS		
STREET ADDRESS 7233 SAN SEBASTIAN DRIVE			1.3 STREET ADDRESS 7129 VIA FIRENZE		
CITY-ST-ZIP BOCA RATON FL 33433			1.4 CITY-ST-ZIP BOCA RATON, FL 33433		
TITLE S <input checked="" type="checkbox"/> DELETE			2.1 TITLE VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME LEICHTER, MARK			2.2 NAME K. DAVID ISAACS		
STREET ADDRESS 7233 SAN SEBASTIAN DRIVE			2.3 STREET ADDRESS 61 CEDARHURST AVE		
CITY-ST-ZIP BOCA RATON FL 33433			2.4 CITY-ST-ZIP LAWRENCE, N.Y. 11559		
TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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:

 **SIMEON ISAACS** PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-99

Date

561-447-7355

Daytime Phone #

CR2E034 (1/198)