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Mar 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000101529 (1)

1. Corporation Name

THE BLUE SKY OF BELLE GLADE INCORPORATED

Principal Place of Business

245 1/2 S.W. 6TH STREET
BELLE GLADE FL 33430

Mailing Address

POST OFFICE BOX 37
BELLE GLADE FL 33430-0037

3. Date Incorporated or Qualified

12/16/1996

3a. Date of Last Report

2. Principal Place of Business

21 the blue sky of belle glade

2a. Mailing Address

26

Suite, Apt. #, etc.

22 245 1/2 SW 6th St.

Suite, Apt. #, etc.

27 P.O. 37

City & State

23 BELLE GLADE FL.

City & State

28 BELLE GLADE FL. 33430

Zip

24 33430

Country

25 palm beach

Zip

29 33430

Country

30 palm beach

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ASALIEH, ANAS
245 1/2 S.W. 6TH STREET
BELLE GLADE FL 33430

10. Name and Address of New Registered Agent

81 Name

MUFID ASALIEH

82 Street Address (P.O. Box Number is Not Acceptable)

900 NE 24th St.

83

84

City BELLE GLADE FL.

FL

85 Zip Code

33430

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 of officer or director of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/24/97

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME MUFID, ASALIEH
STREET ADDRESS 245 1/2 S.W. 6TH STREET
CITY - ST - ZIP BELLE GLADE FL 33430

TITLE VP ☐ DELETE

NAME ALI, ATEF
STREET ADDRESS 245 1/2 S.W. 6TH STREET
CITY - ST - ZIP BELLE GLADE FL 33430

TITLE T ☐ DELETE

NAME ASAKUEG, ANAS
STREET ADDRESS 245 1/2 S.W. 6TH STREET
CITY - ST - ZIP BELLE GLADE FL 33430

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0007176

CR2E034 (9/96)