

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

0141368

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

05-05-1999 90110 038 ***150.00

DOCUMENT # **P97000016774**

1. Corporation Name
BELZER ENTERPRISES OF CORAL SPRINGS, INC.



Principal Place of Business
C/O HERMAN MOSKOWITZ
SUITE 410. 450 NORTH PARK RD.
HOLLYWOOD FL 33021

Mailing Address
C/O HERMAN MOSKOWITZ
SUITE 410. 450 NORTH PARK RD.
HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **1472 CORAL RIDGE DR.**
Suite, Apt. #, etc.

22 City & State
CORAL SPRINGS FL

23 Zip **33071** Country **USA**

2a. Mailing Address

26 **PO BOX 27018**
Suite, Apt. #, etc.

27 City & State
TAMARAC FL

28 Zip **33320-7018** Country **USA**

3. Date Incorporated or Qualified

02/21/1997

4. FEI Number

65-0739734

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BELZER, JOHN F SR
BELZER, JOHN F SR
9609 NW 67TH COURT
TAMARAC FL 33321

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

4-29-99

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **BELZER, BARBARA**
STREET ADDRESS **450 N PARK RD, STE 410- 9609 NW 67 CT**
CITY-ST-ZIP **HOLLYWOOD FL 33021 TAMARAC FL 33321**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VICE PRES** ☐ Change ☒ Addition
1.2 NAME **JOHN F. BELZER SR**
1.3 STREET ADDRESS **9609 NW 67 CT**
1.4 CITY-ST-ZIP **TAMARAC FL 33321**

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 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

4/29/99 **954 255 7775**
Date Daytime Phone #

CR2E034 (11/98)