PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000032368 (7)

BELLENDORF ENTERPRISES, INCORPORATED

Principal Place of Business

SIGNATURE:

Mailing Address

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90029 050 ***150.00



Daytime Phone #

476 EAST LAKE DRIVE 476 EAST LAKE DRIVE LARGO FL 33771 **LARGO FL 33771** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/09/1997 2. Principal Place of Business 2a. Mailing Address Applied For. Not Applicable \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible PINE Yes Personal Property Tax due June 30. 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 KERSKER, PETER W ESQ. 1 BEACH DRIVE, SE Street Address (P.O. Box Number is Not Acceptable) **SUITE 201** 83 ST. PETERSBURG FL 33701 84 City Zip Code 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) (2/98)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. 1.1 TITLE L Change L Addition TITLE DELETE CR2E034 BELLENDORF, KEVIN K 1.2 NAME NAME 476 EAST LAKE DRIVE 1.3 STREET ADDRESS STREET ADDRESS LARGO FL 33771 1.4 CITY-ST-ZIP CITY-ST-ZIP 2.1 TITLE Change Addition TITLE DELETE 22 NAME NAME 2.3 STREET ADDRESS STREET ADORESS 2.4 CITY-ST-ZIP CITY-ST-ZIF ___ Change ___ Addition TITLE DELETE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP 4.1 TITLE Change Addition TITLE DELETE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS City-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE ___ Change Addition TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change Addition TITLE DELETE 6.2 NAME 6.3 STREET ADDRESS 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears an officer or director of the corporation or the receiver or trust in Block 12 or Block 13 if changed for on an attachment with