

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

FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000063108 (9)

1. Corporation Name

BELTCHEV FINANCING CORP.

Principal Place of Business

Mailing Address

8800 BLIND PASS ROAD
UNIT 8
SAINT PETERSBURG FL 33706

8800 BLIND PASS ROAD
UNIT 8
SAINT PETERSBURG FL 33706

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/22/1997

4. FEI Number

☒ 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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 4595 CHANCELLOR ST NE

22 Suite, Apt. #, etc.
ap 340

23 City & State
St Pete FL

24 Zip
33703

25 Country

2a. Mailing Address

26 4595 CHANCELLOR ST NE

27 Suite, Apt. #, etc.
ap 340

28 City & State
St Pete FL

29 Zip
33703

30 Country

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

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

4595 CHANCELLOR ST NE #340

83

84

City St Petersburg

FL

85 Zip Code

33703

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 *x B. Belchen* BELTCHEV - PRESIDENT / 03.16.98

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

98

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME BELTCHEV, BELTCHO
STREET ADDRESS 8800 BLIND PASS RD, UNIT 8
CITY-ST-ZIP SAINT PETERSBURG FL 33706

TITLE VSD ☐ DELETE

NAME BELTCHEV, BORISLAV
STREET ADDRESS 8800 BLIND PASS RD, UNIT 8
CITY-ST-ZIP SAINT PETERSBURG FL 33706

TITLE SECRETARY ☐ DELETE

NAME NATALIA A. BELTCHEV
STREET ADDRESS 4595 CHANCELLOR ST NE #339
CITY-ST-ZIP St Pete FL 33703

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 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 *x B. Belchen* BELTCHEV - PRESIDENT / 03.16.98 (813)

CR2E034 (10/97)