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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700080878

BELLE ROCK HOLDINGS, INC.													
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	•												
Principal Place	e of Business		Mai	ling Address					111	:#15 <b>041</b> 31 <b>0 10</b> 111 10 <b>0</b> 31 00311 1	#### #### ##### I	·#151 ##1#1 1#11	11 19581 (51) 196)
505 SOUTH FLA	AGLER DRIVE		505	SOUTH FLAC	LER DRIV	E							
SUITE 1001 SUITE 1001													
WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401								DO NOT WRITE IN THIS SPACE					
		•							3. Date inc	corporated or Qualife	a		l
				Adailina Adda				_	4. FEI Nur				pplied For
2. Principal Pl	—	2a. Mailing Address						APPLICABLE			lot Applicable		
Suite, Apt.		Suite, Apt. #, etc.						AI I LIOADEL			Additional		
<b>–</b> 1	⊢	27					<ol><li>Certifca</li></ol>	te of Status Desired			tequired		
22 City & State				City & State					в Election	Campaign Financing		\$5.00	May Be
23	28	<b>⊢</b> ¬ '						and Contribution	<b>"</b> 🗆		to Fees		
Zip	Co	ountry		Zip	-	Coun	try		8. This cor	rporation owes the cu	rrent year Inta	angible	
24	25		29			30				al Property Tax.		☐Yes	⊠No
	9. Name and A	ddress of Curren	t Regist	ered Agent					10. Name a	and Address of New	Registered	Agent	
							81	Name	ion N	Scholin			
AMERILAWYER CHARTERED							B2	Christian N. Scholin Street Address (P.O. Box Number is Not Acceptable)			otable)		
343 ALMERIA AVENUE								505 S.	Flag:	ler Drive	Suite	e 100	1
COĤ	IAL GABLES FL	33134				[1	83						
	•					Ì,	84	City		<del></del>		<b>85</b> Zip	Code
								Ŵest	Palm 1	Beach	FL	,   }	33401
11. Pursuant	to the provisions of	Sections 607.050	2 and 60	7.1508, Flori	da Statute	es, the ab	ove	<ul> <li>named corpor</li> <li>ne comoration</li> </ul>	ration submits 's board of di	s this statement for thirectors. I hereby acc	ne purpose of ept the appoi	changing it ntment as r	s registered {
agent. I a	m familiar with, and	accept the obligation	tions of,	Section 607.	0505, Flo	rida Statut	les.	no corporation	i b board or a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 10-1		
SIGNATURE	<i>y</i>							SCHOLIN		4/	26/19		
	Signature, Speci or printer				(NOTE:		gent	signature required v		NO COLUMN OF CATO	DATE AND	D DIDECT	OPS IN 12
12.	DOTO	OFFICERS AN	DUREC		ELETE	13.	_		ADDITIO	NS/CHANGES TO O	PFICERS AN	Change	
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CITY-ST-ZIP TITLE		<del></del>			ELETE	3.1 TITL		1-2/F				Change	Addition
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NAME.						6.2 NAA	Æ						

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

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