## 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** 

1	MENT # P97000 BEALTY 1997-A, INC.	083534			01-29-1999 9006			
Principal Place of Business Mailing Address						IBRIT BOTTA BUTAN TANDA 1718	II BIII BB IIIII BIBI IBBI	
53 FOREST AVENUE 2ND FLOOR 2ND FLOOR OLD GREENWICH CT 06870  53 FOREST AVENUE 2ND FLOOR OLD GREENWICH CT 06870			0		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  00/26/1007			
2. Principal F	Place of Business	2a. Mailing Address	•		09/26/1997 4. FEI Number	<del></del>	Applied For	
21		26			65-0782638	<u> </u>	Not Applicable	63
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	1 1	75 Additional	``
City & Stat	te	City & State		<del>-</del>	£ Electric Committee 51		e Required	
23		28			6. Election Campaign Financing  Trust Fund Contribution		.00 May Be	-
Zip	Country	Zip	Countr	у	8. This corporation owes the cur		_	
24	25		30		Personal Property Tax.	☐ Yes		
	9. Name and Address of Current	Registered Agent		100	10. Name and Address of New	Registered Agent		
COR	RPORATION COMPANY OF MIAMI		81	Name				-
	S. BISCAYNE BLVD.		82	Street Add	ress (P.O. Box Number is Not Accept	table)		
	MIAMI CENTER		83	3	1996 电压机 电机压机 医化二	sali tara Angil Inggradi	า คือเลของไปเปลาสิ่งสารเสรา	
MIAI	MI FL 33131							
			84	City	STES TO BUT FOR SETTING	FL 85	Zip Code (\$155)	
14. 0	44 May 2007 0000		<del> :</del>					
SIGNATURE	to the provisions of Sections 607.0502 egistered agent, or both, in the State o am familiar with, and accept the obligati Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	ida Statute:	s.	ed when reinstating) ( * * *; ( * *)*	DATE		6
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE:  D DIRECTORS	Registered Age	s.		DATE FICERS AND DIRE	CTORS IN 12	1,00)
SIGNATURE  12.	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE:	Registered Age 13. 1.1 TITLE	S.	ed when reinstating) ( * * *; ( * *)*	DATE	CTORS IN 12	6/4/4/00)
SIGNATURE  12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND D SAFERSTEIN, IRA E	and title if applicable. (NOTE:  O DIRECTORS  DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME	S.	sd when reinstailing); · · · ; { · ; ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRE	CTORS IN 12	03457417093
SIGNATURE  12. TITLE NAME STREET ADDRESS	Signature, typed of printed name of registered agent OFFICERS AND D SAFERSTEIN, IRA E 53 FOREST AVENUE 2ND FLO	and title if applicable. (NOTE:  O DIRECTORS  DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE	s. int signature require	sd when reinstailing); · · · ; { · ; ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRE	CTORS IN 12	OE034(14)(08)
SIGNATURE  12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND D SAFERSTEIN, IRA E	and title if applicable. (NOTE:  O DIRECTORS  DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME	s. int signature require	sd when reinstailing); · · · ; { · ; ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRE	ECTORS IN 12 ange  Addition	CP2E034/11/08)
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND D SAFERSTEIN, IRA E 53 FOREST AVENUE 2ND FLOU OLD GREENWICH CT 06870 D	ons of Section 607:0505, Flor and title if applicable. (NOTE: D DIRECTORS  DELETE  OR	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S	s. int signature require	sd when reinstailing); · · · ; { · ; ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRE	ECTORS IN 12 ange  Addition	CP2E0346/44/08)
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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 armsal 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 laddress, with all priner like empowered.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

**FILED** 

Jan 29, 1999 8:00am

**Secretary of State**