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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

P97000084514 (3) DOCUMENT #

FLORIDA BELVIDERE, INC.

Principal Place of Business

Mailing Address

FILED Apr 22 1998 8:00am Secretary of State



6810 GULF OF MEXICO DR 6810 GULF OF MEXICO DR. LONGBOAT KEY FL 34228 LONGBOAT KEY FL 34228 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/30/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 65-0785425 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. □ No 25 29 30 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 GREENE, ROBERT F 1301 6TH AVE., W., STE. 505 82 Street Address (P.O. Box Number is Not Acceptable) **BRADENTON FL 34205** 83 84 City 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) CR2E034 (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 117006 Change TITLE ICE-PRESIDENT MINN N. HOWAND NAME 12 NAME STREET ADDRESS 1.3 STREET ADDRESS 127 HOTH AIR. On W. 1.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE Change Addition 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE Change Addition NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change DELETE Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change ■ Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. Thereby 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 of on an attachment with an address.

6.4 CITY - ST- ZIP

CITY-ST-ZIP