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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000085652 (0)

LA BELLE COUPE, INC.

FILED Mar 23 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address						. 1021/1021 Me 10111 10211 10211 103111 103111 10312 1215 5115 0116 0116 116 116 116 116 116 116 116 1		
13944 HILLS TAMPA FL S	SBOROUGH AVE WEST		3944 HILLSBOROUGH AVE WEST					
, name of the	3003)	TAMPA FL 33635				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
						09/25/1997		
	Place of Business	2a. Mailing Address				4) FEI Number Applied For		
21		26				59-347257 Not Applicat	Лe	
Suite, Apl	t. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional		
22		27				Fee Required		
City & Sta	ate	City & State				6. Election Campaign Financing \$5.00 May Be		
Z ip	Country	Zip	Count			Trust Fund Contribution Added to Fees		
24	25	29 Zip	Countr	у		8. This corporation owes or has paid the current year Intangible		
[24]	9. Name and Address of Curr		30]			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	\dashv	
71	MMERING, KETTLY	one region	81	ΙN	Vame	10. Name and Address of teas neglisial an Agent		
	3944 HILLSBOROUGH AVE WES	et.	<u> </u>		-			
	AMPA FL 33635) i	62	Street Address (P.O. Box Number is Not Acceptable)		ss (P.O. Box Number is Not Acceptable)		
			83					
			84	С	City	El 85 Zip Code	ᅱ	
11. Pursuant	t to the provisions of Sections 607.0	502 and 607.1508. Florida Statu	tes, the abov	<u></u>	amed corpo			
office or agent. I	registered agent, or both, in the Sta am familiar with, and accept the obt	te of Florida. Such change was igations of, Section 607.0505, Fl	authorized b	y the	e corporatio	oration submits this statement for the purpose of changing its registered on a board of directors. I hereby accept the appointment as registered	Ĭ	
SIGNATURE								
	Signature, typed or printed name of registered a			ent sig	ignature required	d when reinstating) DATE	\Box	
12. TITLE	OFFICERS A	ND DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	_	
NAME	ZIMMERING, KETTLY	בן טנננונ				Change Additi	en .	
STREET ADDRESS		E WEST	1.2 NAME					
CITY-ST-ZIP	TAMPA FL 33635	L WEST	1.3 STREE					
TITLE	V	DELETE	1.4 CITY - 2.1 TITLE	SI-ZII	<u>'P</u>	☐ Change ☐ Additi	00	
NAME	THEODATE, NANCY		2.2 NAME			C ounds C voor)11	
STREET ADDRESS			1	2.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL 33635	L WEST			1			
TITLE	TANK ATE SOOS	DELETE	2.4 CITY- 3.1 TITLE	\$1-2	<u>.IP</u>	☐ Change ☐ Addition		
NAME		- vere/t	3.2 NAME			Ti cuante Ti voorin	"	
STREET ADDRESS			3.3 STREE	TADD	neree			
CITY-ST-ZIP								
TITLE	 	☐ DELETE	3.4. CITY - 4.1 TITLE	21.51	ir -	☐ Change ☐ Additi	긁	
NAME	ł		4.1 TILLE 4. 2 NAME			TT CHOING T MODITI	"	
STREET ADDRESS			4.2 NAME		ABESS		- 1	
CITY-ST-ZIP			4.4 CITY-		· !			
TITLE		DELETE	5.1 TITLE	- LIP	<u> </u>	☐ Change ☐ Addition	-n	
NAME			5.2 NAME			County C Addition	""	
STREET ADDRESS	1		5.3 STREE	I ADDI	IRESS			
CITY-ST-ZIP	1		5.4 CITY-1					
TITLE		DELETE	6.1 TITLE	31 - ZIF	-	Change Addition	10	
NAME			6.2 NAME			E. Onange E. Adullic	"	
STREET ADDRESS			63 STREE	r anni	IDECC		ļ	
CITY-ST-ZIP			64 CITY-1				- 1	
week we are			■ U.4 U!!!**	21 - / 1				

14. It should be continued and the properties of 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 lan address.