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 # P97000094767 (5)

FILED May 22 1998 8:00am Secretary of State

BELIZE	E RIVER LODGE, INC.	, ,			
Principal Place of Business Mailing Address 14462 SW 289TH TERRACE LEISURE CITY FL 33033 Mailing Address 14462 SW 289TH TERRACE LEISURE CITY FL 33033				DO NOT WRITE IN	
2. Principal F	Place of Business	2a. Mailing Address		3. Date Incorporated or Qualified 11/05/1997 4. FEI Number	Applied For
21 SAMC 26		_		65-0791385	Not Applicable
Suite, Apt. #, etc.				\$8.75 Additional	
27		City & State			Fee Required
23		28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Žip	Country	Z _{ip}	Country	8. This corporation owes or has paid	
24	25	29 30	0	Personal Property Tax due June 30). Yes No
A.	9. Name and Address of Curren	l Registered Agent	04 Name	10. Name and Address of New Regis	
AMERILAWYER 81 Name				MR. David Stain	es
343 ALMERIA AVENUE CORAL GABLES FL 33134			82 Street Add	ress (P.O. Box Number is Not Acceptable 14462 Sw 289 H	Terrace
	DIME CADEED IE 00/04		63		, rewater
				Leisuse City	
			84 City	•	FL 85 Zip Code 33033
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 I lorida. 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.					
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutos.					
SIGNATURE	DAVID F. S. Signature typed or printed name of registered age:	Y and tille it projectable (NOTE B	legistered Agent signature requi	(red when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICER	h
TITLE	PD	☐ DELETE	1 1 TITLE		☐ Change ☐ Addition
NAME	HEUSNER, MICHAEL JOHN		1 2 NAME		
STREET ADDRESS	14462 SW 289TH TERRACE		1.3 STREET ADDRESS		الْمُ
CITY-ST-ZIP	LEISURE CITY FL 33033	DELETE	1.4 CITY - ST - ZIP		Change Addition
TITLE NAME	MILE, MARGUERITE C	□ DEFE !	2.1 TITLE 2.2 NAME		C Cuange E voorton
STREET ADDRESS	14462 SW 289TH TERRACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	LEISURE CITY FL 33033		2.4 CITY-ST-ZIP		. *
TITLE	8	☐ DELETE	3.1 TITLE		Change Addition
NAME	MILE, MISHA C		3.2 NAME		
STREET ADDRESS	14462 SW 289TH TERRACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	LEISURE CITY FL 33033		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME OVERT ADDRESS			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	4.4 City-St-ZiP 5.1 Tifle		Change Addition
NAME			5.2 NAME		_ , _
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		<u> </u>
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	anotify that the information arms I always	th this files does not motify to	6.4 City-ST-ZiP	Continu 110 07/2V/) Florida Statutos 15	ther partify that the information
1 nereby (cormy mar the information supplied wi	or one many code not quamy for t	ne exemption stated in	Section 119.07(3)(i), Florida Statutes. I fur	mer certify that tile information

6. Thereby certify that the information supplies with this tiling does not quality for the exemption stated in Section 119.07(3)(), Florida Statutes. Further certify that it is 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.