## 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 # P98000001653 1. Corporation Name

## Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90261 028 \*\*\*150.00

K&JU	BELLU, INU.								
Principal Place	of Business	Mailing Address	-			T I MAILE BLI LIN I IN LUICH ON EIL MAILE ON EIL CANL	) 0816; II 618 GII	#! #{IB# {III IB#I	
5267 CANAL CIRCLE WEST 5267 CANAL CIRCLE WEST LAKE WORTH FL 33467 LAKE WORTH FL 33467									
LAKE WORTH FL 33467 LAKE WORTH FL 33467						DO NOT WRITE IN THI	S SPACE		
						3. Date Incorporated or Qualifed			
						01/05/1998			
Principal Place of Business     2a. Mailing Address						4. FEI Number 65-080-380-2		Applied For	
21 26						65-080 380Q		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State	9	City & State			<u></u>	-6Election Campaign Financing	\$5:0	0-мау ве	
23		28				Trust Fund Contribution	Added	d to Fees	
Zip	Country	Zip	Counti	гу		8. This corporation owes the current year !			
24	25	29	30			Personal Property Tax.	Yes	□No	
	9. Name and Address of Curre	nt Registered Agent		. 1		10. Name and Address of New Registere	J Agent		
			8	1	Name			İ	
BASS, DONALD L 7166 S E OSPREY STREET			8	2	Street Addre	ess (P.O. Box Number is Not Acceptable)			
	E SOUND FL 33455		8	3					
1			8	4	City	F	L 85 Zip	Code	
SIGNATURE	m familiar with, and accept the obligation of th				signature required	when reinstating)  ADDITIONS/CHANGES TO OFFICERS /	AND DIRECT	TORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	:			Change	e Addition	
NAME	DIBELLO, JEAN		1.2 NAME	Ξ				ļ	
STREET ADDRESS	TARREST STATES			ET/	ADDRESS				
CITY-ST-ZIP	LAUC MODELLE AGAST			·ST-	-ZIP				
TITLE				2.1 TITLE			☐ Change	e 🔲 Addition	
NAME	22			Ę					
STREET ADDRESS			2.3 STRE	ET/	ADDRESS				
CITY-ST-ZIP			2. 4 CITY						
TITLE			_	3.1 TITLE			Change	e Addition	
NAME		· <del>-</del> - ·	3.2 NAMI	Ē					
STREET ADDRESS			3.3 STRE	ET/	ADDRESS			II.	
CITY-ST-ZIP			3.4. CITY	-ST	r-ZIP				
TITLE		☐ DELETE	4.1 TITLE	=			Change	e	
NAME			4, 2 NAW	ΙE					
STREET ADDRESS			4.3 STRE	ET/	ADDRESS			;	
CITY-ST-ZIP			4.4 CITY	-ST-	-ZIP				
TITLE		☐ DELETE	5.1 TITLE	=			Chang	e Addition	
NAME			5.2 NAM	E					
STREET ADDRESS			5.3 STRE	ET	ADDRESS				
CITY-ST-ZIP			5.4 CITY	-ST-	-ZIP				
TITLE		☐ DELETE	6.1 TITLE	=			Chang	e Addition	
NAME			6.2 NAM	E					
CTDEET ADDRESS	}		6.3 STRE	ET /	ADDRESS				

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.

6.4 CITY-ST-ZIP

SIGNATURE:

NING OFFICER OR DIRECTOR