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Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90114 036 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000003985

1. Corporation Name

JOHN A BELLAVIA, INC.

Principal Place of Business

5405 NW 102ND AVE., SUITE 223
SUNRISE FL 33351

Mailing Address

5405 NW 102ND AVE., SUITE 223
SUNRISE FL 33351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/12/1998

4. FEI Number

65-0801838

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation owes the current year intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 10723 NW 54th Place

Suite, Apt. #, etc.

22

City & State

23 Coral Springs FL

Zip

24 33076

Country

25 Broward

2a. Mailing Address

26 10723 NW 54th Pl.

Suite, Apt. #, etc.

27

City & State

28 Coral Springs FL

Zip

29 33076

Country

30 Broward

9. Name and Address of Current Registered Agent

CASTRANOVA JOSEPH G
 6484 NW 63RD WAY
 PARKLAND FL 33067

10. Name and Address of New Registered Agent

81 Name John Bellavia
 82 Street Address (P.O. Box Number is Not Acceptable)
 10723 NW 54th Place
 83
 84 Coral Springs FL 85 Zip Code 33076

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-21-99

12. OFFICERS AND DIRECTORS

TITLE PD
 NAME CASTRANOVA, JOSEPH G
 STREET ADDRESS 6484 NW 63RD WAY
 CITY-ST-ZIP PARKLAND FL 33067

☒ DELETE

TITLE 6TD-PD
 NAME BELLAVIA, JOHN A
 STREET ADDRESS 10723 NW 54TH PLACE
 CITY-ST-ZIP CORAL SPRINGS FL 33076

☐ DELETE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ DELETE

TITLE
 NAME
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 CITY-ST-ZIP

☐ DELETE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ DELETE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied in this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN A BELLAVIA PRES.

Date

Daytime Phone #

CR2E034 (1/98)