## 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 # P98000016753

**SIGNATURI** 

BELLASOFIA MANAGEMENT CONSULTANTS CORP.

## Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90190 007 \*\*\*150.00



Principal Place	of Business	Mailing Address				4 (SBN(48) (18 1818) (SN) (SN) SBN() SBN() SBN() SERIO (18 19) (18 19 19 19 19 19 19 19 19 19 19 19 19 19				
4200 CENTRAL SARASOTA PARKWAY SARASOTA FL 34238		4200 CENTRAL SARASOTA PARKWAY SARASOTA FL 34238								
					DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualifed				
						02/19/1998				
2. Principal Place of Business		2a. Mailing Address			4. FEI Number (650-82-7908) Applied For					
21		26 4264 CENTRAL SARASOT			P-NHOKONA!		Not	Applicable	1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	<b>^\$8</b> .	75 A	ditional		
22		27 126.			5. Certificate of Status Desired	Fe	e Rec	uired		
City & State		City & State			6. Election Campaign Financing \$5.00 May Be					
23		28 SARASOTA FL.				Trust Fund Contribution	Ad	ded to	Fees	
Zip.	Country	Zip	Counti			8. This corporation owes the current ye	ar Intangible		,	
24	25	29 34238 30	ΠO.	S.A	<b>-</b>	Personal Property Tax.	☐ Yes	. [	₹No	
<u>.</u>	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Regist	ered Agent			1
			8	1 Na	me	,				
	D, MERRILL, CULLIS, TIMM, FUF	REN, ETAL	8:	2 Sti	eet Addre	ddress (P.O. Box Number is Not Acceptable)				1
ATTN: ROBERT E. MESSICK 2033 MAIN STREET SUITE 600			"	-  "	501710010	tures (1 to box (turises is free hoospiesse)				]
			8	3						
SAR	ASOTA FL 34237	•	-	4 00				Zip Co	ndo.	1
	•		8	4 Cit	У		FL  85	Zip Ci	Jue	
11, Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes,	the abo	ve-nar	ned corpo	oration submits this statement for the purpo	se of changir	ng its r	egistered	1_
office or t	egistered agent, or both, in the State in familiar with, and accept the obligation	of Florida. Such change was auth	onzed b	γthe o	corporatio	n's board of directors. I hereby accept the	appointment	as reg	stered	١
-	in lamiliar with, and accept the congar	along bi, occion oor lood, i lond	, Oldiole							
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Re	gistered Ag	ent signa	ture required	when reinstating) DA	TE .			] ;
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICER	S AND DIRE	CTOF	RS IN 12	] }
TITLE	D	☐ DELETE	1,1 TITLE	:			☐ Ch	ange	☐ Addition	:
NAME	GIRARD, DENNIS J		1.2 NAME							1:
STREET ADDRESS	4200 CENTRAL SARASOTA PA	RKWAY	NAY 1.3 STREET A		ESS	<u>.</u>				13
CITY-ST-ZIP	SARASOTA FL 34238		1.4 CITY-	1.4 CITY-ST-ZIP						
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NAME										
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NAME	•		4, 2 NAM							1
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NAME			6.2 NAME	E						
STREET ADDRESS			6.3 STRE	ET ADD	RESS					

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 charped; or en an attachment with an address, with all other like empowered.

QUIDENNIS GIRALD APRIL 26 1999