PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000082639

Principal Place of business										
23110 STATE ROAD 54.	#115									
11/T7 E1 27540										

FILED Mar 29, 1999 8:00 am Secretary of State

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Principal Plac	e of Business	Mailing A	ddress					HIII IOH IBIII 68	110 24 (11 1414) 1	# 11 # 11 # 11 # 11 # 11 # 11 # 11 # 1	1811 1481
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LD12 FL 3354	9	201212	A040					DO NOT WRIT	TE IN THIS	SPACE	
	•		•				3. Date Incorporate 09/21/1998	ed or Qualifed			
A Original E	Place of Business	2a, Mailin	g Address			1	4, FEI Number		· ·	I Ap	plied For
	- IdCe Ci DUSINESS	26	9 722 000	-			59-35340)17		No	t Applicable
Suite, Apt.	# etc		Apt. #, etc.							\$8.75	Additional
22	,	27	• .				5. Certificate of Sta	tus Desired	. <u> </u>	Fee Re	equired
City & Sta	ite		State				- 6Election Campai	gn Financing.	-D	\$5.00	May Be _
23	الرابات المتواجعة الهجار المحجا	28					Trust Fund Cont		<u> </u>	Added 1	o Fees
Zip	Country	Zip	•	Cou	intry		g. This corporation	owes the cum	ent year inte	ngible	.
24	25	29		30			Personal Proper	<u> </u>		Yes	№ No
	9. Name and Address of Curren	t Registered /	Agent	-	1		10. Name and Add	ress of New R	egistered'/	gent	<u> </u>
DEI	LAC MADO A				81	Name					
	las, marc a 06 tradewinds drive				82	Street Addre	ess (P.O. Box Number	is Not Accepta	ible)		
	ID O'LAKES FL 34639										
DAIN	ID O LANES I'L SAOS				83			_	7		
					84	City			FI	85 Zip	Code
					<u> </u>			11 f the	FL	changing its	registered
agent. I a	t to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Suctions of, Section	h change was a in 607.0505, Flo	uthorized rida Stat	d by th Lutes.	ne corporatio	n's board of directors.	I hereby accep	it the appoin	ntment as re	gistered
SIGNATURE	Signature, typed or printed name of registered ages	nt and title if applicab	NOTE		4 1 - 4 - 4 - 4	algranture required	(DATE		
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12.	OFFICERS AN	D DIRECTOR	S	13.		agranta e incluir in	ADDITIONS/CHA	NGES TO OF	FICERS AN		
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	PRESIAENT CO.	D DIRECTOR	S	13. 1.1 TI 12 N	ITLE AME			NGES TO OF	FICERS AN		
TIPLE	PRESIDENT, CO. MARC A. BELLAS 25306 TRADELLAS	DIRECTOR	S DELÉTE	13. 1.1 TI 12 N/ 1.3 ST	TLE AME TREET AC	OORESS .		NGES TO OF	FICERS AN		
TIPLE NAME	PRESIDENT, CO. MARC A. BELLAS 25306 TRADELINAS LAND O'LAKES, FO	DIRECTOR	S □ DELETE	13. 1.1 TT 12 N/ 1.3 ST 1.4 CI	TLE AME TREET AC	OORESS .		NGES TO OF	FICERS AN	Change	Addition
TIPLE NAME STREET ADDRESS	PRESIDENT, CO. MARC A. BECLAS 25306 TRADECUMSS LAND O'LAKES, FO VICE PRESIDENT	DIRECTOR	S DELÉTE	13. 1.117 12 N 1.3 S1 1.4 CI 2.1 TT	TILE AME TREET AC TIV-ST-Z	OORESS .		NGES TO OF	FICERS AN		
TITLE NAME STREET ADDRESS CITY-SI-ZP	PRESIDENT, CO. MARC A. BELLAS 25306 TRUBELLYUSS LAND O'LALES, FO VICE PRESIDENT LUMMERLY E ROLLAS	D DIRECTOR	S □ DELETE	13. 1.1TI 12 N/ 1.3 ST 1.4 CI 2.1 TI 2.2 N/	TILE AME TREET AC ITY-ST-Z TILE AME	CORESS ZIP		NGES TO OF	FICERS AN	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PRESIDENT, CO. MARC A. BELLAS 25306 TRABELLUMSS LAMA O'LALES, FO VICE PRESIDENT KIMBELLY E. BELLAS 25306 TRABELLIASS A	DA. 246	S □ DELETE	13. 1.1TI 12 N 1.3 ST 1.4 CI 2.1 TI 2.2 N 2.3 ST	TILE AME TREET ACTIVEST-2 TILE AME TREET ACTIVESTA	CORESS ZP		NGES TO OF	FICERS AN	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT, CO. MARC A. BELLAS 2530G TRABELLANS LAND O'LAKES, FO VICE PRESIDENT KIMBELT BELLAS 2540G TOMORROWS SO	DA. 246	S DELETE 3 G DELETE	13. 1.117 12 N 1.3 S1 1.4 CI 2.1 TI 2.2 N 2.3 S1 2.4 C	TILE AME TREET AG TITY-ST-Z TILE AME TREET AG TRE	CORESS ZP		NGES TO OF	FICERS AN	☐ Change ☐ Change	Addition
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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 eath; 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 12 is changed on or an attachment with an address, with all other like empowered.

SIGNATURE:

CMARCE A. Bellas 3/26/99 (888)964-9254

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