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 # P98000103604

1. Corporation Name

BELLFIELD INVESTMENT INCORPORATED

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90038 013 ***150.00



Principal Plac	e of Business	Mailing Address					1584 HILL BILLI &		
5412 HOPEDALE DR. 5412 HOPEDALE DR.								•	
TAMPA FL 3362	4-4851	TAMPA FL 33624-4851	TAMPA FL 33624-4851			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			1
1						12/11/1998		-	
2. Principal F	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	Aŗ	plied For	1
21		26	26			Applied for.	No	ot Applicable]
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	*	Additional	
22		27				5. Comment of citation bounds	Fee Re	equired	1
City & Star	te	City & State				6. Election Campaign Financing		May Be	
23			28			Trust Fund Contribution Added to Fees			┨
Zip	Country	Zip	$\overline{}$	Country		8. This corporation owes the current year Intangible Personal Property Tax.			}
24	25	29	30			Personal Property Tax. 10. Name and Address of New Registered		L140	┨
	9. Name and Address of Curr	ent Registered Agent		B1 N	vame	TO. Maille and Address of New Registered	Agent		1
ISMA	IL, HASAN A								}
	HOPEDALE DR.		82 Street Ad			ss (P.O. Box Number is Not Acceptable)			
	A FL 33624-4851		8						1
1			L]
1			1	B4 C	City	FL	85 Zip	Code	
11 Pursuant	to the provisions of Sections 607.0	502 and 607 1508. Florida Stat	utes the ah	ove-na	amed como	ration submits this statement for the number of	changing its	registered	1
office or i	registered agent, or both, in the Sta im familiar with, and accept the obli	te of Florida. Such change was	authorized	by the	corporation	n's board of directors. I hereby accept the appo	intment as re	gistered	
ì	im lamiliar with, and accept the obli	gations of, Section 607.0505, P	ionua Statu	.es.					
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NO	TE: Registered /	gent sig	gnature required	when reinstating) DATE			إ [
12.	OFFICERS	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO] }
TITLE	P	☐ DELETE	1.1 TITL	E			☐ Change	☐ Addition	13
NAME	ISMAIL, HASAN A		1.2 NA	AE.			`] }
STREET ADDRESS	5412 HOPEDALE DR.		1.3 STF	EETADI	DRESS				إ
CITY-ST-ZIP	TAMPA FL 33624-4851		1.4 CI		Р				غ إ
TITLE	VP T	☐ DELETE	2.1 TIT	E	1		☐ Change	☐ Addition	١,
NAME	CARLSON, ERIC R		2.2 NA	Æ					
STREET ADDRESS 5412 HOPEDALE DR.			2.3 STREET ADD		DRESS				-
CITY-\$T-ZIP	TAMPA FL 33624-4851		2. 4 CIT	Y-ST-Z	IP				-
TITLE		☐ DELETE	3.1 TITL	E	Ì		☐ Change	☐ Addition	
=NAME			3.2 NA						1
STREET ADDRESS			3.3 ST	EETAD	DRESS				جد ،
CITY-ST-ZIP				Y-ST-ZI	IP .				-
TITLE]	☐ DELETE	4.1 TIE		Ì		Change	☐ Addition	Ì
NAME			4. 2 NA	ME					
STREET ADDRESS				EETAD					Į
CITY-ST-ZIP				r-st-zii	<u> </u>			Addition	1
TITLE		☐ DELETE	5.1 TITT				☐ Change	LT Addition	
NAME		•	5.2 NA	AE EET ADI	IDDECC				
STREET ADDRESS									
CITY-ST-ZIP		☐ 851	5.4 CIT 6.1 TITU	r-ST-ZII	F		Chance	☐ Addition	1
TITLE		☐ DELETE	1		[☐ Change	☐ Addition	1
NAME			6.2 NA)			•			
STREET ADDRESS				EETAD	!				
CITY-ST-ZIP	}		6.4 CIT	(-ST-ZII	P {				1

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 employered 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 attacks, with all other like empowered.

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR