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 # 1. Corporation Name

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90237 042 ***150.00

IERHA (BELLO AUTO SALES, INC.										
Principal Place	e of Rusiness	Mailing Address				\dashv			OFFICE OFFICE STATE	BUBHI BIBH LIBAN	
}		-									
P.O. BOX 1120 P.O. BOX 1120 BRANFORD FL 32008 BRANFORD FL 32008							DO NOT	WRITE IN THIS	SOBACE		
						2 Dat	te Incorporated or Qua		3 OF AGE		1
	, ,						7/22/1991	imed			
2 Principal P	lace of Business	2a. Mailing Address				l Number			oplied For	1	
21		26			65	-0296778		N	ot Applicable	1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.						\$8.75	Additional		
22		27			75	rtifcate of Status Desin	BO 1.40		equired		
City & State		City & State			Election Campaign Financing \$5.00 May Be						
23	<u> </u>	28				_	ist Fund Contribution			to Fees	
Zip	Country	Zip		untry		I	is corporation owes the	current year In	tangible Yes	X No	
24	25	29	30				rsonal Property Tax. me and Address of N	low Ponietorod			ł
	9. Name and Address of Current	Registered Agent		81	Name	10. Na	ille alto Audress of h	iew itegistered	Agent		ļ
SHO	TWELL, KATHY CERTAIN										
b)	32 BRANTLY ROAD		82 Street Add			dress (P.O.	Box Number is Not Ac	ceptable)			
	RIEN FL 32071	, ,		83							1
}											Į
Ì				84	City			FI	85 Zip	Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,					-named co	rporation su	bmits this statement fo	r the purpose o	f changing its	s registered	ſ
l office or r	egistered agent, or both, in the State o	of Florida. Such change was	authorize	d by 1	tne corpora	tion's board	of directors. I hereby	accept the appo	intment as re	egistered	
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, F	ionda Sia	wes.							ł
SIGNATURE	Stgnature, typed or printed name of registered agen	t and title if applicable. (NO	TE: Registere	d Agent	t signature requ	ired when reinsta	ating)	DATE) á
12.	OFFICERS AN		13.			ADD	ITIONS/CHANGES TO	OFFICERS A	ND DIRECT		عِ [
TITLE	PST	☐ DELETE	1.1 T	TILE					Change	☐ Addition	1
NAME	SHOTWELL, KATHY CERTAIN 1.2 N		IAME							6	
STREET ADDRESS	11132 BRANTLY ROAD		1.3 \$	TREET	ADDRESS		•			•	اِيَّا ا
CITY-ST-ZIP	O'BRIEN FL 32071 14		1.4 0	HY-ST	-ZIP						ؤ ا
TITLE	D	DELETE	2.1 TITLE						Change	Addition	١,
NAME .	SHOTWELL, KATHY CERTAIN	•	2.2 N	IAME							ļ
STREET ADDRESS	121132 BRANTLY ROAD 235		TREET	ADDRESS							
CITY-ST-ZIP	O'BRIEN FL 32071		2.40	CITY-S	T-ZIP						ł
TITLE		☐ DELETE	3.1 T	ΠLE					☐ Change	☐ Addition	
NAME	1		3.2 N	LAME							
STREET ADDRESS			3.3 S	TREET	ADDRESS						
CITY-ST-ZIP				CITY-ST	T-ZIP				☐ Change	☐ Addition	1
TITLE		☐ DELETE	4,1 T	TTI E						Addison	-
NAME	·				م احجم				Ollarige		
STREET ADDRESS		- Delete	4.21	NAME		<u></u>					
	,	- Duction	4, 21 4.3 S	NAME TREET	ADDRESS				Onange		
CITY-ST-ZIP	',		4.21 4.3 S 4.4 C	NAME STREET CITY-ST						☐ Addition	
TITLE	,	DELETE	4, 21 4,3 S 4,4 C 5,1 T	NAME STREET SITY-ST TILE					Change	Addition	
TITLE NAME	,		4.21 4.3 S 4.4 C 5.1 T 5.2 N	NAME STREET SITY-ST TILE NAME	-ZIP					☐ Addition	
NAME STREET ADDRESS	,		4.21 4.38 4.40 5.11 5.2 N 5.38	TREET CITY-ST TITLE LAME	-ZIP ADDRESS					☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	DELETE	4.21 4.38 4.40 5.1 T 5.2 N 5.3 S	NAME STREET SITY-ST TILE NAME	-ZIP ADDRESS				Change		
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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 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.