

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
JANIS B. BAUTIST
Secretary of State
TALLAHASSEE, FLORIDA 32304-0001**

DOCUMENT # V33963

(2)

BELVEDERE MILITARY CORP.

Principal Place of Business

**11575 US HIGHWAY ONE
SUITE 209
NORTH PALM BEACH FL 33408**

Mailing Address

**11575 US HIGHWAY ONE
SUITE 209
NORTH PALM BEACH FL 33408**

(CHECK ONE) WRITE IN THIS SPACE

**3. Date of Organization or Qualification
05/06/1992**

**3a. Date of Last Report
08/01/1994**

2. Principal Place of Business

2a. Mailing Address

**4. FIC Number
65-0394989**

**Applied For
Not Applicable**

21. State Apt. # etc.

26. State Apt. # etc.

**5. Certificate of Status Due Date ☐ \$8.75 Additional
Fee Required**

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Fee Required**

22. City & State

27. City & State

**6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees**

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Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees**

23. City & State

28. City & State

**6. This Corporation has liability for additional fees under s. 499.042,
Florida Statutes ☐ Yes ☒ No**

24. City & State

25. City & State

29. City & State

30. City & State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CRAIG, STEVEN L.
11575 US HIGHWAY ONE
SUITE 209
NORTH PALM BEACH FL 33408**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0402 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 Sections 607.0402, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or person authorized to accept appointment)

(Signature of Registered Agent or person authorized to accept appointment)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

**TITLE DVS
NAME BISHOP, M. LYNNWOOD, JR.
STREET ADDRESS 11575 US HIGHWAY ONE, SUITE 209
CITY, ST, ZIP NORTH PALM BEACH FL 33408**

**1. TITLE ☐ Change ☐ Addition
2. NAME ☐ Change ☐ Addition
3. STREET ADDRESS ☐ Change ☐ Addition
4. CITY, ST, ZIP ☐ Change ☐ Addition**

**TITLE DV
NAME OBERMAN, LAWRENCE
STREET ADDRESS 11575 US HIGHWAY ONE, SUITE 209
CITY, ST, ZIP NORTH PALM BEACH FL 33408**

**5. TITLE ☐ Change ☐ Addition
6. NAME ☐ Change ☐ Addition
7. STREET ADDRESS ☐ Change ☐ Addition
8. CITY, ST, ZIP ☐ Change ☐ Addition**

**TITLE DPT
NAME CRAIG, STEVEN L.
STREET ADDRESS 11575 US HIGHWAY ONE, SUITE 209
CITY, ST, ZIP NORTH PALM BEACH FL 33408**

**9. TITLE ☐ Change ☐ Addition
10. NAME ☐ Change ☐ Addition
11. STREET ADDRESS ☐ Change ☐ Addition
12. CITY, ST, ZIP ☐ Change ☐ Addition**

**TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP**

**13. TITLE ☐ Change ☐ Addition
14. NAME ☐ Change ☐ Addition
15. STREET ADDRESS ☐ Change ☐ Addition
16. CITY, ST, ZIP ☐ Change ☐ Addition**

**TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP**

**17. TITLE ☐ Change ☐ Addition
18. NAME ☐ Change ☐ Addition
19. STREET ADDRESS ☐ Change ☐ Addition
20. CITY, ST, ZIP ☐ Change ☐ Addition**

**TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP**

**21. TITLE ☐ Change ☐ Addition
22. NAME ☐ Change ☐ Addition
23. STREET ADDRESS ☐ Change ☐ Addition
24. CITY, ST, ZIP ☐ Change ☐ Addition**

14. I, the undersigned, hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 499.0402, Florida Statutes. I further certify that the information included 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. I am an officer or director of this corporation or the owner or trustee empowered to execute this report as required by Chapter 499, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing. I am not acting with an address.

SIGNATURE:

Steven L. Craig
(Signature and typed or printed name of signing officer or director)

5/8/95

(407) 626-3883
(Telephone Number)

APPROVED
AND
FILED



MINISTRE DE L'ÉDUCATION ET DE LA FORMATION
GÉNÉRAL
GÉNÉRAL
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9:15
A

1901 S.W. 63 AVENUE
PLANTATION FL 33117

2. <i>Previous Registration Number</i>		3a. <i>Date of Registration</i> 05/05/1992		3b. <i>Date of Last Report</i> 09/09/1994	
21. <i>Previous Agent's Name</i>		26. <i>Agent's Address</i>		4. <i>FEI Number</i> 65-0477103	
22. <i>Previous Agent's Title</i>		27. <i>State, Apt. # (if)</i>		☐ <i>Applied For</i> ☐ <i>Not Applicable</i>	
23. <i>Previous Agent's City & State</i>		28. <i>City & State</i>		5. <i>Certificate of Stating Interest</i> ☐ \$8.75 Additional Fee Required	
24. <i>Previous Agent's Phone Number</i>		29. <i>City & State</i>		6. <i>Election Campaign Financing Trust Fund Contribution</i> \$5.00 May Be Added to Fees	
25. <i>Previous Agent's Signature</i>		30. <i>Previous Agent's Signature</i>		8. <i>Previous Agent's Signature</i> ☒ <i>Not Applicable</i>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

MOSCOVITCH, LARRY (OWNER)
1301 S.W. 63 AVE.
PLANTATION FL 33317

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. The undersigned, the principal of Section 601, 602, and 603, 1908 Florida Statute, do hereby certify that said statute is in full force and effect. This statement is for the purpose of changing its captioned title and is not intended to change the substance of the statute. The undersigned is authorized to execute this statement in the name of the State of Florida. Such change was authorized by the operations board of the State, Florida, and the appointment is reported upon. This statement is in full force and effect as of the date of the undersigned of the State of Florida, 1908 Florida Statute.

[illegible][illegible]

SIGNATURE:

Larry LARRY MOSCOVITCH

MAY 9/1445 305-327-9220