

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01 1997 8:00am
Secretary of State

DOCUMENT # V33963 (2)

1. Corporation Name
BELVEDERE MILITARY CORP.

Principal Place of Business Mailing Address
2701 Okeechobee Boulevard Suite 200 West Palm Beach, FL 33409

3. Date Incorporated or Qualified **05/06/1992** 3a. Date of Last Renewal **July, 1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0394989	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
23	28		
Zip	Country		
24	25		
	29		
	30		

9. Name and Address of Current Registered Agent

Craig, Steven L.
2701 Okeechobee Boulevard
Suite 200
West Palm Beach, FL 33409

10. Name and Address of New Registered Agent

81. Name	
82. Street Address	
83. City	
84. State	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 3502 and 3503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, as of the date of filing of this statement. I hereby accept the appointment as registered agent. I am familiar with, and accept as of the date of filing of this statement, the Florida Statutes.

SIGNATURE

Signature of the Registered Agent required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE	DVS	<input type="checkbox"/> DELETE
NAME	Bishop, M. Lynwood, Jr.	
STREET ADDRESS	2701 Okeechobee Blvd., #200	
CITY-ST-ZIP	West Palm Beach, FL 33409	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	Oberman, Lawrence	
STREET ADDRESS	2701 Okeechobee Blvd., #200	
CITY-ST-ZIP	West Palm Beach, FL 33409	
TITLE	DPT	<input type="checkbox"/> DELETE
NAME	Craig, Steven L.	
STREET ADDRESS	2701 Okeechobee Blvd., #200	
CITY-ST-ZIP	West Palm Beach, FL 33409	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this 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; and that I am duly 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.

SIGNATURE: **Steven L. Craig, President** **4/29/97** **561-681-6500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER

DATE DAYTIME PHONE #