

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **V40620**

1. Corporation Name

BEL-AIRE ASSOCIATES, INC.

_	TLED
Apr 15,	1999 8:00 am
Secret	ary of State
04-15-1999	9 90094 013 ***150.00



Principal Place	e of Business	Mailing Address				4 18631 A(186) BAGA BAGA BAGA BAGA BAGA BAGA BAGA BAG
2277 LEE RD		2277 LEE ROAD				
200E	T. 4050	200E				DO NOT WRITE IN THIS SPACE
WINTER PARK I	FL 32789	WINTER PARK FL 32789 US				3. Date Incorporated or Qualifed
US		03				06/01/1992
2 Principal P	face of Business	2a, Mailing Address				4. FEI Number Applied For
21	iace of Eddinoss	26				59-3127864 Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	•			_ \$8.75 Additional
22	, 535.	27				5. Certifcate of Status Desired Fee Required
City & State	e	City & State		-	. ~	6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year Intangible
24	25	29	30			Personal Property Tax.
	9. Name and Address of Current	t Registered Agent				10. Name and Address of New Registered Agent
D./-	DICULADO A			81	Name	
1	, RICHARD A			82	Street Addre	ress (P.O. Box Number is Not Acceptable)
	LEE ROAD					
	200E			83		
WIN	TER PARK FL 32789			84	City	85 Zip Code
	•				•	FL The state of
l office or r	to the provisions of Sections 607.050; egistered agent, or both, in the State of m familiar with, and accept the obligations.	of Florida. Such change was a	uthorized	lbyt	-named corporation	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable. (NOTE	Registered	Agent	signature required	d when reinstating) DATE
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DPS	☐ DELETE	1.1 111	ne_		☐ Change ☐ Addition
NAME	DYE, RICHARD A		1.2 NA	WE		
STREET ADDRESS	AATT LEE DOAD OTE MAE		1.3 ST	REET	ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789		1.4 CI	TY-ST	-ZIP	
TITLE	DVT	☐ DELETE	2.1 🎞			Change Addition
NAME	KALIN, B M		2.2 NA	WE		
STREET ADDRESS	2277 LEE ROAD, STE 200E		2.3 \$7	REET	ADORESS	
CITY-ST-ZIP	WINTER PARK FL 32789		1	ITY-\$1	,	•
TITLE	V	XI DELETE	3.1 TI		·	☐ Change ☐ Addition
NAME	CARRERA, DAVID		3.2 NA	ME		
STREET ADDRESS	542 PLEASANT GROVE DR		3.3 ST	REET.	ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL 32708		3.4. C	TY-51	r-ZIP	
TITLE	V	☐ DELETE	4.1 TI	TLE		☐ Change
NAME	,		4. 2 N	AME		
STREET ADDRESS	Lang, Erma 3212 Great Oaks	Blud	4.3 ST	REET.	ADDRESS	
CITY-ST-ZIP	Kissimmee, Fl	34744	4.4 CF	TY-ST	-ZIP	
TITLE		☐ DELETE	5.1 TI	ΠLE		☐ Change ☐ Addition
NAME			5.2 NA			
STREET ADDRESS	1		5.3 ST	REET	ADDRESS	
CITY-ST-ZIP			5.4 CI	TY-ST	-ZIP	
TITLE		☐ DELETE	6.1 TI	TLE		☐ Change ☐ Addition
NAME			6.2 NA	ME		
STREET ADDRESS	The state of the state		6.3 ST	REET.	ADDRESS	
CITY ST 7ID.			6.4 CF	TY-ST	-ZIP	

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.

SIGNATURE: SIGNATURE SIGNATURE OF SIGNING OFFICER OR DIRECTOR

4-12-99

407-644-0200

Daytime Phone #