## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

ANNUAL REPORT  1998			Secretary of State DIVISION OF CORPORATIONS		Secretary of State	
Ę.	OCUMENT Corporation Name	# K58754	4 (8)			
	LA BELLE VENT	URE, INC			S INDIDIGE DOS BEINS SOLES BARRE DES	e Beder Table Brake Graff heder Graff abde
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Principal Place of Business  505 GREENWOOD AVE SE- LEHIGH ACRES FL 33972 US			Mailing Address  505 GREENWOOD AVE SET- LEHIGH ACRES FL 33838-4025-		( 189(9))) 981 81191 19111 18981 8111 918	, 81811 \$1911 \$1811 \$1811 \$1811 \$1811 1981
					DO NOT WRITE IN THIS SPACE	
U	8		US		3. Date Incorporated or Qualified	IIV ITIIO DEAGE
	The section of Posts				01/17/1989	
2. 21	Principal Place of Busin	ness.	2a. Mailing Address 26		4. FEI Number 65-0097503	Applied For Not Applicable
	Suite, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	City & State		27 City & State			Fee Required
23			28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be  Added to Fees
	Zip	Country	Zip 33.0.70	Country	8. This corporation owes or has pai	d the current year Intangible
24		25 and Address of Current		30	Personal Property Tax due June 10. Name and Address of New Reg	
-	WAFLER, S. J		Lugherenen währer	81 Name	10, maille and Navious of front five	Agener whenir
		OOD AVE SE		82 Street Add	dress (P.Q. Box Number is Not Acceptable	le)
	LEHIGH ACRE			5	dress (P.O. Box Number is Not Acceptable)	<u>č</u>
				83	- · · · •	
				84 City	· · · · · · · · · · · · · · · · · · ·	FL 85 Zip Code
11	Purcuent to the provin	long of Postions 607 0505	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	. Fursualli to the provis	nons of Sections 607,0007	2 and 607.1508. Florida Statutes	s, the above-named col	rporation submits this statement for the pr	urpose of changing its registered
''	office or registered ag agent. I am familiar wi	pent, or both, in the State ( ith, and accept the obtiga	2 and 607.1508, Florida Statutet of Florida. Such change was au itions of, Section 607.0505, Flori	s, the above-hamed coluthorized by the corporalida Statutes.	rporation submits this statement for the pration's board of directors. I hereby accep	t the appointment as registered
	GNATURE					
	GNATURE Signature typed	gont, or both, in the State of	nt and title it applicable. (NOTE:	s, the above-named cor ulthorized by the corpora ida Statutes.  Registered Agent signature requests.  13.		DATÉ
SIC	SIGNATURE SIGNATURE typical	or printed have of registered agen OFFICERS AND	nt and title it applicable. (NOTE:	Registered Agent signature requ	uired when reinstating)	DATÉ
12 TITL	SNATURE Signature typed  E  DP  WAFLEF	OFFICERS AND	or and tillo it applicable. (NOTE: D DIRECTORS	Registered Agent signature required.  13. 1.1 TILE 1.2 NAME	oired when reinslating)  ADDITIONS/CHANGES TO OFFIC	DATE  ERS AND DIRECTORS IN 12  Change Addition
12 TITL NAM STR	SNATURE SIGNATURE typed  E  WAFLEF ME SO5 GRI	OFFICERS AND OFFICERS AND R, RAY J. EENWOOD AVE SE	or and tillo it applicable. (NOTE: D DIRECTORS	Registered Agent signature required.  13. 1.1 TILE 1.2 NAME 1.3 STREET ADDRESS	uired when reinstating)	DATE  ERS AND DIRECTORS IN 12  Change Addition
12 TITL NAM STR	SIGNATURE SIGNATURE typod  EE DP WAFLEF MEET ADDRESS 505 GRI V-ST-ZIP LEHIGH	OFFICERS AND	or and tillo it applicable. (NOTE: D DIRECTORS	Registered Agent signature required.  13. 1.1 TILE 1.2 NAME	oired when reinslating)  ADDITIONS/CHANGES TO OFFIC	DATE  ERS AND DIRECTORS IN 12  Change Addition
12 TITL NAM STR	SIGNATURE SIGNATURE typed  I.E. DP WE WAFLEF SEET ADDRESS 505 GRI LEHIGH I.E. DST	OFFICERS AND OFFICERS AND R, RAY J. EENWOOD AVE SE	c and title if applicable. (NOTE:  D DIRECTORS  DILLETE	Registered Agent signature required.  13. 1.1THE 1.2 NAME 1.3 STREET ADDRESS 1.4 CRY+ST-ZiP	oired when reinstating)  ADDITIONS/CHANGES TO OFFIC  505 Steenwood	DATE  ERS AND DIRECTORS IN 12  Change Addition  AVE  33973  Change Addition
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14. It is not 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.

011-201-9567

**FILED** 

Jan 20 1998 8:00am