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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

500313

(2)

BELL PAINTING, INC.

Principal Place of Business

Mailing Address

## FILED May 19 1998 8:00am Secretary of State



1061 N.E. 1ST AVE POMPANO BEACH FL 33060			1061 N.E. 1ST AVE POMPANO BEACH FL 33060			DO	O NOT WRITE	IN THIS S	PACE			
							3. Date Incorporated 04/01/1976	or Qualified				
2. Principal Place of Business			2a. Mailing Address			4. FEI Number				Applied For		
21 Suite, Apt.	# ole	26	<b>-∤-</b>			- · · <u>-</u>	59-166608	5			Not Applicable	
22		27	- +				5. Certificate of Status	s Desired	$\times$	\$8.75 Additional Fee Required		
City & Stat	e	Cri					6. Election Campaign Trust Fund Contrib	_		\$5.00 May Be Added to Fees		
Zip 24	Country <b>25</b>	)	Country 30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No						
	g, Name and Address	s of Current Registere				10. Name and Addres	s of New Reg	elstered A	gent			
WALDO, HARVEY W.					1 Na	me						
1061 N.E. 1ST AVENUE POMPANO BEACH FL 33060					2 Str	eet Add	et Address (P.O. Box Number is Not Acceptable)					
					3			-				
				84	4 Cit	ly			FL	85 Zip	Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Floride Statutes, the above-named corporation submits this statement for the purpose of changing its re- 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 regi- agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										its registered is registered		
SIGNATURE Signature, typed or profed name of registered agent and blic 1 approable (NOTE Registered Agent signature required when reinstating)  DATE												
12,		ICERS AND DIRECTO		13.	gent sign	nature reguir	ADDITIONS/CHANG	ES TO OFFIC		DIRECTO	199 IAI 29	
TITLE	CD		DELETE	1.1 TITLE			7.001110110707171110	10 01710		Change		
NAME	WALDO, HARVEY 1	N.		1.2 NAME					·-		_ [;	
STREET ADDRESS	1030 N.E. 27TH A	VENUE		1.3 STREE	T ADDR	ESS						
CITY-ST-ZIP	POMPANO BEACH	ifL		1.4 CITY-	ST-ZIP	-						
TITLE	VD		DELETE	2.1 THILE					ī	Change	Addition	
NAME	WALDO, JOHN B.	ales 44 a.e.		2.2 NAME								
STREET ADDRESS	1030 N.E 27TH AV			2.3 STREE	T ADDR	ESS					ļ	
CITY-ST-ZIP	POMPANO BEACH	1 FL	D SELECT	2. 4 CITY	- ST - Z(P							
TITLE	PDS Waldo,Thomas	u	DELETE	3.1 TITLE					L	Change	☐ Addition	
NAME ATOTET ADDOCCO	1030 N.E.27TH AV			3.2 NAME								
STREET ADDRESS	POMPANO BEACH			3.3 STREE		iss						
CITY-ST-ZIP TITLE	T T T T T T T T T T T T T T T T T T T		DELETE	3.4. CITY - 4.1 TITLE	51-ZP				·····	Change	Addition	
NAME	WALDO, ELAINE R	(ASST.)	total - see a	4. 2 NAME					L	cusuffe	AUVILIUII	
STREET ADDRESS	1030 N.E.27TH AV			4.3 STREE		ess						
CITY-ST-ZIP	POMPANO BEACH	ł FL		4 4 City-								
TITLE			DELETE	5.1 TITLE					Ţ	Change	☐ Addition	
NAME				5 2 NAME								
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CITY-ST-ZIP				5.4 CITY-	ST - Z(P							
TITLE			DELETE	6.1 TITLE	_			· · · · · · · · · · · · · · · · · · ·		Change	Addition	
NAME				6.2 NAME								
STREET ADDRESS				6.3 STREE	1 ADDRE	:ss					ļ	
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		6.4 CITY-	S1-ZIP							

14. Thereby 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 employment 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 altachment with an old ress.