

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **835861** (6)

1. Corporation Name
BELL CORPORATION OF AMERICA



Principal Place of Business: **1411 NO WESTSHORE BLVD SUITE 100 TAMPA FL 33623 US**
Mailing Address: **P.O. BOX 24538 #100 TAMPA FL 33607-4528**

3. Date Incorporated or Qualified: **03/03/1976**
3a. Date of Last Report: **02/21/1995**
4. FEI Number: **59-1683904**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

11. Pursuant to the provisions of Sections 607.0502 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, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BELL, F.W.	
STREET ADDRESS	13529 BAY LAKE LANE	
CITY-ST-ZIP	TAMPA FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BLAIR, PHYLLIS	
STREET ADDRESS	6119 MEMORIAL, #1	
CITY-ST-ZIP	TAMPA FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	BELL, PATSY	
STREET ADDRESS	13529 BAY LAKE LANE	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	PICERNO, MADELINE T.	
STREET ADDRESS	3869 SO. LAKE DR.	
CITY-ST-ZIP	TAMPA FL	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	SIMON, JOHN T.	
STREET ADDRESS	14301 KELLINGREW PLACE	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	100001793831
4.3 STREET ADDRESS	-04/25/96--01015--033
4.4 CITY-ST-ZIP	***200.00
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> 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 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.

SIGNATURE: *John T. Simon* DATE: **4/1/96** 289-1506

CR2E034 (12/95)