


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

**FILED**

**Jan 20 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 835861 (6)**

1. Corporation Name  
**BELL CORPORATION OF AMERICA**



Principal Place of Business <b>1411 NO WESTSHORE BLVD SUITE 100 TAMPA FL 33623 US</b>	Mailing Address <b>P.O. BOX 24538 #100 TAMPA FL 33607-4528</b>
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>03/03/1976</b>	
4. FEI Number <b>59-1683904</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City <b>FL</b>
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>COB</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BELL, F.W.</b>	1.2 NAME	<b>Bell, FW</b>
STREET ADDRESS	<b>13529 BAY LAKE LANE</b>	1.3 STREET ADDRESS	<b>13529 Bay Lake Lane</b>
CITY-ST-ZIP	<b>TAMPA FL</b>	1.4 CITY-ST-ZIP	<b>Tampa, FL</b>
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLAIR, PHYLLIS</b>	2.2 NAME	
STREET ADDRESS	<b>6119 MEMORIAL, #1</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DVP</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BELL, PATSY</b>	3.2 NAME	
STREET ADDRESS	<b>13529 BAY LAKE LANE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA, FL 00000</b>	3.4 CITY-ST-ZIP	
TITLE	<b>AT</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PICERNO, MADELINE T.</b>	4.2 NAME	
STREET ADDRESS	<b>3869 SO. LAKE DR.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>EVP</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIMON, JOHN T.</b>	5.2 NAME	<b>Simon, John T.</b>
STREET ADDRESS	<b>14301 KELLINGREW PLACE</b>	5.3 STREET ADDRESS	<b>14301 Kellingrew Place</b>
CITY-ST-ZIP	<b>TAMPA FL</b>	5.4 CITY-ST-ZIP	<b>Tampa, FL</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-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.

SIGNATURE: \_\_\_\_\_ **REQUIRED** **PD** **1/7/97**

CR2E034 (10/97)

# CHECK REQUEST

AMOUNT \$ 3.00

DATE 1-8-98

BANK NATIONSBANK FLORIDA

PAY TO:

City of Alexandria  
RE: Report # 97-002669

FOR: Police Report - File # 94-26475

VENDOR # 43

G/L ACCT # \_\_\_\_\_

AMOUNT \$ \_\_\_\_\_

Requested by [Signature]

Approved by [Signature]

GIVE CHECK TO: Ann W.

ADDITIONAL NOTES:

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