


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

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90026 006 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 835861**  
 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
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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.
23 [ ] City & State	28 [ ] City & State
24 [ ] Zip	30 [ ] Country
25 [ ] Country	29 [ ] 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 the current year Intangible Personal Property Tax. <input 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		
84 City	85 FL	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	COB	<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	PD	<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		
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	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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:  **REQUIRED** President 01/05/99 (813)261-7755  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 1200

CR2E034 (11/98)