

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 26 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000006072 (2)**

1. Corporation Name
STEVEN D. BELL & COMPANY

Principal Place of Business
**232 N. EDGEWORTH STREET
GREENSBORO NC 27402**

Mailing Address
**232 N. EDGEWORTH STREET
GREENSBORO NC 27402**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/28/1994	3a. Date of Last Report 04/10/1996
4. FEI Number 56-1148631	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 823 North Elm Street	2a. Mailing Address 26 P.O. Box 3288
Suite, Apt. #, etc. 22 Ste. 200	Suite, Apt. #, etc. 27
City & State 23 Greensboro, NC 27401	City & State 28 Greensboro, NC 27402
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH 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
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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, STEVEN D	1.2 NAME	
STREET ADDRESS	232 N. EDGEWORTH STREET	1.3 STREET ADDRESS	823 North Elm Street
CITY-ST-ZIP	GREENSBORO NC 27402	1.4 CITY-ST-ZIP	Greensboro, NC 27401
TITLE	VS	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, JACKIE K	2.2 NAME	
STREET ADDRESS	232 N. EDGEWORTH STREET	2.3 STREET ADDRESS	823 North Elm Street
CITY-ST-ZIP	GREENSBORO NC 27402	2.4 CITY-ST-ZIP	Greensboro, NC 27401
TITLE	SRV	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRINGTON, EDWARD M	3.2 NAME	
STREET ADDRESS	232 N. EDGEWORTH STREET	3.3 STREET ADDRESS	823 North Elm Street
CITY-ST-ZIP	GREENSBORO NC 27402	3.4 CITY-ST-ZIP	Greensboro, NC 27401
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAMPERSKI, WALTER J	4.2 NAME	Shuster, Jeffrey L.
STREET ADDRESS	232 N. EDGEWORTH STREET	4.3 STREET ADDRESS	823 North Elm Street
CITY-ST-ZIP	GREENSBORO NC 27402	4.4 CITY-ST-ZIP	Greensboro, NC 27401
TITLE	V	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RETSCH, JENNIFER J	5.2 NAME	
STREET ADDRESS	232 N. EDGEWORTH STREET	5.3 STREET ADDRESS	823 North Elm Street
CITY-ST-ZIP	GREENSBORO NC 27402	5.4 CITY-ST-ZIP	Greensboro, NC 27401
TITLE	V	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANELLI, DOMINIC A	6.2 NAME	
STREET ADDRESS	232 N. EDGEWORTH STREET	6.3 STREET ADDRESS	823 North Elm Street
CITY-ST-ZIP	GREENSBORO NC 27402	6.4 CITY-ST-ZIP	Greensboro, NC 27401

14. I do 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:

Steven D. Bell

CR2E034 (4/97)