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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 154972 1. Corporation Name

BELL INDUSTRIES, INC.

Principal Place	of Business	Mailing Address						
6899 NE 4TH A		6899 NE 4TH AVE				,		-
MIAMI FL 33138		MIAMI FL 33138		DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed 05/24/1948			
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	App	lied For	r 🥳	
1		26			59-0579542		Applicable	Š
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	dditional	
2		27 City & Cityle		ree Required				
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
7in	Country	Zip Zip	Cou	intry	This corporation owes the current year			
Zip	25	29	30		Personal Property Tax.		□No	
4	9. Name and Address of Current		50		10. Name and Address of New Registers	d Agent		•
				81 Name				
	BINS, LAWRENCE J.			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	1		
	81 SW 69 CT			0	A STATE OF THE STA		4	
MIAI	MI FL 33156			83				
				84 City	7 *95** \$10 27 m 20 28 12 12 13 15 15 15 15 15 15 15 15 15 15 15 15 15	85 Zip C	ode	
					poration submits this statement for the purpose			
office or r	egistered agent, or both, in the State o	of Florida. Such change was a	utnonzed	o by the corporation	on's board of directors. I hereby accept the app	pointment as reg	istered	
office or r agent. I a SIGNATURE	egistered agent, or both, in the State or m familiar with, and accept the obligat Signature, typed or printed name of registered agent	of Florida. Such change was a lons of, Section 607.0505, Flo and title if applicable. (NOTE	utnonzeo rida Stat	utes.	non's board of directors. I hereby accept the application of the property of t	Jointment as reg		(86)
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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 adaptes, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE** 

STREET ADDRESS

AWRENCE J. ROBBINS

**FILED** 

Feb 15, 1999 8:00am

**Secretary of State** 

02-15-1999 90018 036 \*\*\*150.00