**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## FILED May 10, 1999 8:00 am Secretary of State **Katherine Harris**

05-10-1999 90123 037 \*\*\*150.00

BELLM'S	S CARS OF YESTERDAY, IN	NC.							
Principal Plac	e of Business	Mailing Address		,				121 <b>VIBI</b> I <b>I</b> II	<b></b>
312 HERNANDO	) AVE	312 HERNANDO AVE							
SARASOTA FL 34243 SARASOTA FL 34243						DO NOT WRITE	IN THIS S	SPACE	
US US						DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualifed			
						05/24/1965			
2. Principal Place of Business		2a. Mailing Address				4. FEI Number			Applied For
		26				59-1094537 No		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 A		5 Additional	
22		27				C. Commond of Charles and C.	<del>-</del> 		Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be			•
23		28	Comm	tnr		Trust Fund Contribution			ed to Fees
Zip	Country	Zip	Coun	u y		<ol> <li>This corporation owes the current Personal Property Tax.</li> </ol>		ngible □Yes	□No
24	9. Name and Address of Currer	29 29 Agent	30			10. Name and Address of New Reg			
	J. Italiio and Addiess of Culter			B1 Nar	ne	3			
BEL	lm,walter			00 04		ess (P.O. Box Number is Not Acceptable	<del></del>		
312 HERNANDO AVE			[ ]	B2 Stre	et Adare	see (F.O. DOX NUMBER IS NOT Acceptable	-1		
SAR	ASOTA FL 34243		ļ.	83			_		
			-	84 City	<del></del> _			85 Z	ip Code
				B4 City	,		FL		.p 0000
SIGNATURE	m familiar with, and accept the obligation of familiar with accept the obli	nt and title if applicable. (NOTE			ure required	when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE SERS AND	DIREC	TORS IN 12
12.	D OFFICERS AF	ID DIRECTORS	1.1 TIT	F	-	ADDITIONS/CHANGES TO OTHE	LINO AIN	Chang	
	BELLM, WALTER	C DELETE	1.1 7111						
NAME STREET ADDRESS	312 HERNANDO AVE		12 NA						
	OIL HEHMANDO ATE		1.2 NAA 1.3 STR	Æ.	ESS .				
CITY-ST-ZIP	SARASOTA EL 34243		1.3 STR	Æ EET ADDRI	ESS			onan	
TITLE	SARASOTA FL 34243		1.3 STR	ME BEET ADDRI Y-ST-ZIP	ESS			Chan	ge 🔲 Addition
TITLE NAME	PD	DELETE	1.3 STR	AE BEET ADDRI 7-ST-ZIP LE				Chan	
	PD PERCY, GEORGE	☐ DELETE	1.3 STR 1.4 CITY 2.1 TITU 2.2 NAM	AE BEET ADDRI 7-ST-ZIP LE		628 17TH ST.		Chan	
NAME	PD	☐ OELETE	1.3 STR 1.4 CIT 2.1 TITU 2.2 NAM 2.3 STR	AE LEET ADORI Y-ST-ZIP LE AE		628 17TH ST. ARAGOM, F.L.	342	Chan	<u> </u>
NAME STREET ADDRESS	PD PERCY, GEORGE 329 SOMERSET AVE SARASOTA FL DST	☐ DELETE	1.3 STR 1.4 CIT 2.1 TITU 2.2 NAM 2.3 STR	AE LEET ADDRI Y-ST-ZIP E AE LEET ADDRI Y-ST-ZIP		628 MTH ST. FRAGOR, FL.	34:	Chan	<u> </u>
NAME STREET ADDRESS CITY-ST-ZIP	PD PERCY, GEORGE 329 SOMERSET AVE SARASOTA FL DST BELLM, ELLEN		1.3 STR 1.4 CIT 2.1 TITU 2.2 NAA 2.3 STR 2.4 CIT	AE LEET ADDRI (-ST-ZIP LE AE LEET ADDRI Y-ST-ZIP LE		628 17TH ST.	342	Chang	<u> </u>
NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD PERCY, GEORGE 329 SOMERSET AVE SARASOTA FL DST BELLM, ELLEN 312 HERNANDO AVE		1.3 STR 1.4 CIP 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA	AE LEET ADDRI (-ST-ZIP LE AE LEET ADDRI Y-ST-ZIP LE	ESS 7	628 17TH ST. ARAGOM, F.L.	34:	Chang	<u> </u>
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD PERCY, GEORGE 329 SOMERSET AVE SARASOTA FL DST BELLM, ELLEN 312 HERNANDO AVE SARASOTA FL 34243 VD PERCY, MARILYN	☐ DELETE	1.3 STR 1.4 CIT 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAA	AE  LEET ADDRI  Y-ST-ZIP  E  LEET ADDRI Y-ST-ZIP  E  LEET ADDR  Y-ST-ZIP  LE  LEET ADDR  Y-ST-ZIP  LE	ESS 7			Chang	<u>/</u> ge ☐ Addition
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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:

CITY-ST-ZIP

TED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)