

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

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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90010 014 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 349814

1. Corporation Name
 J. BELL INSURANCE & FINANCIAL SERVICES, INC.



Principal Place of Business

~~555 FILLMORE AVE.~~
~~SUITE 606~~
~~CAPE CANAVERAL FL 32920~~
 US

J. BELL INSURANCE & FINANCIAL SERVICES, INC.
 343 N. TROPICAL TRAIL, #404
 MERRITT ISLAND, FL. 32953

DO NOT WRITE IN THIS SPACE

Date Incorporated or Qualified

07/23/1969

FEI Number

59-1264483

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25

26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing \$5.00 May Be Added to Fees
 7. Trust Fund Contribution
 8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

BELL, JOAN C
 555 FILLMORE AVE.
 SUITE 606
 CAPE CANAVERAL FL 32920

10. Name and Address of New Registered Agent

81 Name BELL, JOAN C
 82 Street Address (P.O. Box Number is Not Acceptable) 343 N. TROPICAL TR
 83 # 404
 84 City MERRITT ISLAND FL 85 Zip Code 32953

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, JOAN C	1.2 NAME	
STREET ADDRESS	555 FILLMORE AVE., SUITE 606	1.3 STREET ADDRESS	343 N. TROPICAL TR # 404
CITY-ST-ZIP	CAPE CANAVERAL FL	1.4 CITY-ST-ZIP	MERRITT ISLAND FL 32953
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, JOHN N	2.2 NAME	
STREET ADDRESS	555 FILLMORE AVE., SUITE 606	2.3 STREET ADDRESS	343 N. TROPICAL TR # 404
CITY-ST-ZIP	CAPE CANAVERAL FL	2.4 CITY-ST-ZIP	MERRITT ISLAND FL 32953
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE:

Joan Bell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres.

1-8-99

(407) 453-6294

CR2E034 (11/98)