**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 652994

1. Corporation Name

THOMAS P. BELL, P.A.

**FILED** Mar 10, 1999 8:00 am Secretary of State 03-10-1999 90213 049 \*\*\*150.00

						. Blali Blail Blaif B	
Principal Place of Business Mailing Address							
1790 NW 122 TERRACE		1790 NW 122 TERRACE					
PEMBROKE PINES FL 33026		PEMBROKE PINES FL 33026		DO NOT WRITE IN TH	IS SDACE		
US		US	US		DO NOT WRITE IN THIS SPACE		
{					3. Date Incorporated or Qualifed 01/22/1980		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Ap	plied For
21		26	<u> </u>		59-2019373	Not Applicable	
( - ·		Suite, Apt. #, etc.	, Apt. #, etc.		_	\$8.75 A	Additional
22 27		27	]		5. Certificate of Status Desired	Fee Re	quired
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
23 28		28	<del></del>		Trust Fund Contribution Added to Fees		
Zip			Country		8. This corporation owes the current year Intangible		
24	25	29	30		Personal Property Tax.		□No
24	9. Name and Address of Curre		100)		10. Name and Address of New Registere	d Agent	
	o. Italic and radioss of our		81	Name			
l <b>B</b> EU	l, thomas porter					<u> </u>	
1740 NW 122ND TERR.			82	Street Add	fress (P.O. Box Number is Not Acceptable)		
	BROKE PINES FL 33026		83	<u> </u>			
, 514	BROKE THEO I E GOOLG		03	<u> </u>			
1			84	City		85 Zip C	Code
					<u>_</u> <u>_</u> <u>_</u> <u></u> <u></u> <u></u>	Ener   .1	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida State	ites, the above	e-named con	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	of changing its pointment as re-	registerea   aistered
agent. I a	registered agent, or both, in the State im familiar with, and accept the oblig-	ations of, Section 607.0505, Fl	orida Statutes	i.	ion's board of anothers. Thereby decept the app		g
						-	
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable. (NOT	E: Registered Age	nt signature requir	red when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	PD	☐ DELETE 1.11				Change	☐ Addition
NAME	BELL, THOMAS PORTER		1.2 NAME				
STREET ADDRESS 9100 N.W. 7TH COURT			1.3 STREET ADDRESS		•		
CITY-ST-ZIP PEMBROKE PINES FL			1.4 CITY-ST-ZIP				
TITLE			2.1 TITLE	<del></del> -		☐ Change	Addition
		221					
NAME				T 4000E00			
STREET ADDRESS			2.3 STREET ADDRESS			•	j
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP		Change	☐ Addition
TITLE	\	☐ DELETE	3.1 TITLE	1		~ 1 O O 160 190	_ 🖵 , 100,0011
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	TADDRESS		•	
CITY-ST-ZIP			3.4 CITY-1	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME	ĺ		4, 2 NAME				
STREET ADDRESS	TADDRESS 4.3		4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			,
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME		•		
1			5.3 STREE	TADDRESS			
STREET ADDRESS			5.4 CITY-S				
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	<del>-</del> +-		Change	Addition

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 trustoe-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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP