


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

FILED

Jan 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 835861 (6) 1. Corporation Name BELL CORPORATION OF AMERICA					
Principal Place of Business 1411 NO WESTSHORE BLVD SUITE 100 TAMPA FL 33623 US			Mailing Address P.O. BOX 24538 #100 TAMPA FL 33607-4528		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country			2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		
g. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. 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 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 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 PD NAME BELL, F.W. STREET ADDRESS 13529 BAY LAKE LANE CITY-ST-ZIP TAMPA FL			1.1 TITLE COB 1.2 NAME Bell, FW 1.3 STREET ADDRESS 13529 Bay Lake Lane 1.4 CITY-ST-ZIP Tampa, FL		
TITLE STD NAME BLAIR, PHYLLIS STREET ADDRESS 6119 MEMORIAL, #1 CITY-ST-ZIP TAMPA FL			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE DVP NAME BELL, PATSY STREET ADDRESS 13529 BAY LAKE LANE CITY-ST-ZIP TAMPA, FL 00000			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE AT NAME PICERNO, MADELINE T. STREET ADDRESS 3869 SO. LAKE DR. CITY-ST-ZIP TAMPA FL			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE EVP NAME SIMON, JOHN T. STREET ADDRESS 14301 KELLINGREW PLACE CITY-ST-ZIP TAMPA FL			5.1 TITLE PD 5.2 NAME Simon, John T. 5.3 STREET ADDRESS 14301 Kellingrew Place 5.4 CITY-ST-ZIP Tampa, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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.					
SIGNATURE: _____ REQUIRED PD 1/7/97					



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/03/1976	
4. FEI Number 59-1683904	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

CR2E034 (10/97)

# CHECK REQUEST

AMOUNT \$ 3.00

DATE 1-8-98

BANK NATIONSBANK FLORIDA

PAY TO:

City of Alexandria  
RE: Report # 97-002669

FOR:

Police Report - File # 94-26475

VENDOR # 43

G/L ACCT # \_\_\_\_\_

AMOUNT \$ \_\_\_\_\_

Requested by AW

Approved by [Signature]

GIVE CHECK TO:

Ann W.

ADDITIONAL NOTES:

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