


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

**FILED**  
**Mar 25, 1999 8:00 am**  
**Secretary of State**

03-25-1999 90007 044 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F60505**

1. Corporation Name  
**DON BELL INDUSTRIES, INC.**

Principal Place of Business 365 OAK PLACE P.O. BOX 290036 PT ORANGE FL 32127-4388	Mailing Address 365 OAK PLACE P.O. BOX 290036 PT ORANGE FL 32127-4388
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/01/1982</b>
4. FEI Number <b>59-2144478</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b> 5029 Edgewater Drive
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b> Orlando, FL
Zip <b>24</b>	Zip <b>29</b> 32810
Country <b>25</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent

**HARRIS, MARSHALL**  
**390 NORTH ORANGE AVE**  
**SUITE 1100**  
**ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name <b>Harris, Marshall S.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>5029 Edgewater Drive</b>
83
84 City <b>Orlando</b>
85 Zip Code <b>FL 32810</b>

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 *Marshall S. Harris* **Marshall S. Harris** **3/18/99**  
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 <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BELL, GARY</b>		1.2 NAME <b>Bell, Gary D.</b>	
STREET ADDRESS <b>4820 SOUTH PENINSULA</b>		1.3 STREET ADDRESS <b>365 Oak Place</b>	
CITY-ST-ZIP <b>PONCE INLET FL</b>		1.4 CITY-ST-ZIP <b>Port Orange, FL 32127</b>	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>C/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BRANDNER, WILLIAM J</b>		2.2 NAME <b>Brandner, J. William</b>	
STREET ADDRESS <b>2180 WEST SR 434 SUITE 6136</b>		2.3 STREET ADDRESS <b>5029 Edgewater Drive</b>	
CITY-ST-ZIP <b>LONGWOOD FL</b>		2.4 CITY-ST-ZIP <b>Orlando, FL 32810</b>	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>V/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>STEWART, MELVIN J</b>		3.2 NAME <b>Stewart, J. Melvin</b>	
STREET ADDRESS <b>2201 CANTH CT SUITE 217</b>		3.3 STREET ADDRESS <b>2201 Cantu Court, Suite 217</b>	
CITY-ST-ZIP <b>SARASOTA FL</b>		3.4 CITY-ST-ZIP <b>Sarasota, FL 34232</b>	
TITLE <b>VSD</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>V/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HOARD, PHILIP H</b>		4.2 NAME <b>Thrasher, Todd D.</b>	
STREET ADDRESS <b>700 GLADES CT</b>		4.3 STREET ADDRESS <b>5029 Edgewater Drive</b>	
CITY-ST-ZIP <b>PORT ORANGE FL</b>		4.4 CITY-ST-ZIP <b>Orlando, FL 32810</b>	
TITLE <b>VTD</b>	<input type="checkbox"/> DELETE	5.1 TITLE <b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>THRASHER, TODD D</b>		5.2 NAME <b>Harris, Marshall S.</b>	
STREET ADDRESS <b>2180 WEST SR 434 SUITE 6136</b>		5.3 STREET ADDRESS <b>5029 Edgewater Drive</b>	
CITY-ST-ZIP <b>LONGWOOD FL</b>		5.4 CITY-ST-ZIP <b>Orlando, FL 32810</b>	
TITLE <b>T</b>	<input type="checkbox"/> DELETE	6.1 TITLE <b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Boulware, Paul W.</b>		6.2 NAME <b>Boulware, Paul W.</b>	
STREET ADDRESS <b>365 Oak Place</b>		6.3 STREET ADDRESS <b>365 Oak Place</b>	
CITY-ST-ZIP <b>Port Orange, FL 32127</b>		6.4 CITY-ST-ZIP <b>Port Orange, FL 32127</b>	

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:

*William Brandner* **William Brandner**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/24/99**  
Date

**(407) 521-7477**  
Daytime Phone #

CR2E034 (11/98)