

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR 28 PM 1:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F75595 (1)**

1. Corporation Name  
**BELL & COMPANY, INC.**

Principal Place of Business  
**425 WEST COLONIAL DRIVE  
SUITE 303  
ORLANDO FL 32804**

Mailing Address  
**425 WEST COLONIAL DRIVE  
SUITE 303  
ORLANDO FL 32804**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**04/05/1982**

3a. Date of Last Report  
**01/24/1994**

4. FEI Number  
**59-2176994**

Applied For  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

25 Country

29 Zip Country

30 Country

9. Name and Address of Current Registered Agent  
**BELL, ROBERT K, JR.  
509 WEST COLONIAL DRIVE  
ORLANDO FL 32804**

10. Name and Address of New Registered Agent

81 Name **BELL, ROBERT K. JR**

82 Street Address (P.O. Box Number is Not Acceptable)  
**425 W. COLONIAL DR., STE. 303**

83

84 City **ORLANDO** FL 85 Zip Code **32804**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>VP</b>	NAME <b>LAWRENCE, RUSSELL S.</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>509 WEST COLONIAL DRIVE</b>	CITY-ST-ZIP <b>ORLANDO FL</b>	1.2 NAME	<b>NO LONGER EMPLOYED</b>
		1.3 STREET ADDRESS	
TITLE <b>SVP</b>	NAME <b>WILLIAMS, DARYL W</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>509 W COLONIAL DR.</b>	CITY-ST-ZIP <b>ORLANDO FL</b>	2.2 NAME	<b>NO LONGER EMPLOYED</b>
		2.3 STREET ADDRESS	
TITLE <b>SVP</b>	NAME <b>MATTHES, DIETER</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>509 W. COLONIAL DRIVE</b>	CITY-ST-ZIP <b>ORLANDO FL</b>	3.2 NAME	<b>NO LONGER EMPLOYED</b>
		3.3 STREET ADDRESS	
TITLE <b>ST</b>	NAME <b>BELL, BARBARA B</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>509 W. COLONIAL DRIVE</b>	CITY-ST-ZIP <b>ORLANDO FL</b>	4.2 NAME	<b>BELL, BARBARA B. 425 W. COLONIAL DR., STE. 303 ORLANDO, FL 32804</b>
		4.3 STREET ADDRESS	
TITLE <b>SVP</b>	NAME <b>SANJURJO, RALPH E</b>	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>509 W. COLONIAL DRIVE</b>	CITY-ST-ZIP <b>ORLANDO FL</b>	5.2 NAME	<b>NO LONGER EMPLOYED</b>
		5.3 STREET ADDRESS	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	<b>VP MAULL, DAVID L. 425 W. COLONIAL DR., STE. 303 ORLANDO, FL 32804</b>
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption limited in Section 110.07(3)(k), 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: Robert K. Bell, Jr. DATE: Jan 10, 1995 TELEPHONE: 407-422-5631

Signature and typed or printed name of signing officer or director Date (Day/Mo/Yr)