

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED

96 APR 22 11 9 06

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**

3. Date Incorporated or Qualified: **04/05/1982**
3a. Date of Last Report: **04/28/1995**

2. Principal Place of Business (21-24) and Mailing Address (26-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: **59-2176994**
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

9. Name and Address of Current Registered Agent
**BELL, ROBERT K. JR.
425 W. COLONIAL DR., SUITE 303
ORLANDO FL 32804**

10. Name and Address of New Registered Agent (81-85)
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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: _____ DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------------|---|--|
| TITLE | ST | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BELL, BARBARA B | 1.2 NAME | |
| STREET ADDRESS | 425 W. COLONIAL DR. SUITE 303 | 1.3 STREET ADDRESS | 400001800384 |
| CITY-STATE-ZIP | ORLANDO FL | 1.4 CITY-STATE-ZIP | -04/30/96--01007--021 |
| TITLE | SVP | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SANJURJO, RALPH E | 2.2 NAME | |
| STREET ADDRESS | 509 W. COLONIAL DRIVE | 2.3 STREET ADDRESS | |
| CITY-STATE-ZIP | ORLANDO FL | 2.4 CITY-STATE-ZIP | ****200.00 ****200.00 |
| TITLE | V | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MAUL, DAVID L | 3.2 NAME | |
| STREET ADDRESS | 425 W. COLONIAL DR. SUITE 303 | 3.3 STREET ADDRESS | |
| CITY-STATE-ZIP | ORLANDO FL | 3.4 CITY-STATE-ZIP | |
| TITLE | President | 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Robert K. Bell, Jr. | 4.2 NAME | |
| STREET ADDRESS | 425 W. Colonial Dr., Suite 303 | 4.3 STREET ADDRESS | ← |
| CITY-STATE-ZIP | Orlando, FL | 4.4 CITY-STATE-ZIP | |
| TITLE | VP | 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Robert R. Risner | 5.2 NAME | |
| STREET ADDRESS | 425 W. Colonial Dr., Suite 303 | 5.3 STREET ADDRESS | ← |
| CITY-STATE-ZIP | Orlando, FL | 5.4 CITY-STATE-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-STATE-ZIP | | 6.4 CITY-STATE-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *April 29, 1996*
Daytime Phone: *407-422-5631*

CR2E034 (12/95)