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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 4:30

DOCUMENT # F93000001244 (3)

1. Corporation Name
BELLA TESTA, INC.

Principal Place of Business	Mailing Address
C/O TRADE SECRET 9501 ARLINETON EXPY #448 JACKSONVILLE FL 32225 US	C/O TRADE SECRET 3201 EAST COLONIAL DRIVE, U2 ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/11/1993
3a. Date of Last Report: 02/21/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 39-1749731 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State (23)
City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip (24) Country (25)
Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SEYBOLD, O H
3201 EAST COLONIAL DRIVE, U2
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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: _____ (NOTE: Registered Agent signature required when appropriate) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTCD	1 1 TITLE	☐ Change ☐ Addition
NAME	SEYBOLD, O H	1 2 NAME	
STREET ADDRESS	5916 MUSTANG PLACE	1 3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32822	1 4 CITY-ST-ZIP	
TITLE	VD	2 1 TITLE	☐ Change ☐ Addition
NAME	SEYBOLD, KAY A	2 2 NAME	
STREET ADDRESS	5916 MUSTANG PLACE	2 3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32822	2 4 CITY-ST-ZIP	
TITLE	S	3 1 TITLE	☐ Change ☐ Addition
NAME	SCHWAB, DAVID	3 2 NAME	
STREET ADDRESS	C/O 3201 EAST COLONIAL DR., U2	3 3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32803	3 4 CITY-ST-ZIP	
TITLE	D	4 1 TITLE	☐ Change ☐ Addition
NAME	WALDVOGEL, DONALD	4 2 NAME	
STREET ADDRESS	1920 OSHKOSH STREET	4 3 STREET ADDRESS	
CITY-ST-ZIP	NEW LONDON WI 59461	4 4 CITY-ST-ZIP	
TITLE	D	5 1 TITLE	☐ Change ☐ Addition
NAME	WALDVOGEL, CAROL	5 2 NAME	
STREET ADDRESS	1920 OSHKOSH STREET	5 3 STREET ADDRESS	
CITY-ST-ZIP	NEW LONDON WI 59461	5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY-ST-ZIP	

14. I/We 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)(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 above, if changed, or on an attachment with an address.

SIGNATURE: O. H. SEYBOLD Feb 3, 1995 407/382-0239
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL DATE Daytime Phone #

0095104 CR