

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

DOCUMENT # F93000001244 (3)

1. Corporation Name
BELLA TESTA, INC.



Principal Place of Business

C/O TRADE SECRET
9501 ARLINGTON EXPY #44B
JACKSONVILLE FL 32225
US

Mailing Address

C/O TRADE SECRET
3301 EAST COLONIAL DRIVE, U2
ORLANDO FL 32803

3. Date Incorporated or Qualified
03/11/1993

3a. Date of Last Report
02/14/1995

2. Principal Place of Business

21 90 TRADE SECRET

Suite, Apt. #, etc.

22 451 ALTAMONTE AV #291

City & State

23 ALTAMONTE SPGS, FL

Zip

24 32701

Country

25 SEMINOLE

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 City & State

29 Zip

30 Country

4. FEI Number

39-1749731

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

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME SEYBOLD, O H
STREET ADDRESS 5916 MUSTANG PLACE
CITY-ST-ZIP ORLANDO FL 32822

TITLE ☐ DELETE

NAME VD SEYBOLD, KAY A
STREET ADDRESS 5916 MUSTANG PLACE
CITY-ST-ZIP ORLANDO FL 32822

TITLE ☒ DELETE

NAME S SCHWAB, DAVID
STREET ADDRESS C/O 3201 EAST COLONIAL DR., U2
CITY-ST-ZIP ORLANDO FL 32803

TITLE ☐ DELETE

NAME D WALDVOGEL, DONALD
STREET ADDRESS 1920 OSHKOSH STREET
CITY-ST-ZIP NEW LONDON WI 59461

TITLE ☐ DELETE

NAME D WALDVOGEL, CAROL
STREET ADDRESS 1920 OSHKOSH STREET
CITY-ST-ZIP NEW LONDON WI 59461

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

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 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: O. H. Seybold, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 23, 1996 407/382-0239
Date Daytime Phone #

CR2E034 (12/95)