

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

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May 08, 1999 8:00 am  
Secretary of State

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F93000001244

1. Corporation Name  
BELLA TESTA, INC.

Principal Place of Business  
C/O TRADE SECRET  
451 ALTAMONTE AVENUE 291  
ALTAMONTE SPRINGS FL 32701  
US

Mailing Address  
C/O TRADE SECRET  
3201 EAST COLONIAL DRIVE. U2  
ORLANDO FL 32803



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 BELLA TESTA	26 3276 LK GEORGE C. DR	4. FEI Number 39-1749731	
Suite, Apt. #, etc.		Applied For Not Applicable	
22 3276 LK. GEORGE C. DR	27	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 ORLANDO, FL	28 ORLANDO, FL	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip	Country		
24 32812	25 USA	30 ORANGE	

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	SEYBOLD, O. H
82 Street Address (P.O. Box Number is Not Acceptable)	3276 LK GEORGE COVE DR
83	
84 City	ORLANDO
85 Zip Code	FL 32812

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 reinstating)

DATE

4/29/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTCD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEYBOLD, O H	1.2 NAME	
STREET ADDRESS	3276 LAKE GEORGE COVE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEYBOLD, KAY A	2.2 NAME	
STREET ADDRESS	3276 LAKE GEORGE COVE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALDVOGEL, DONALD	3.2 NAME	
STREET ADDRESS	900 N SWITZER CANYON DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	FLGSTAFF AR 86001	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALDVOGEL, CAROL	4.2 NAME	
STREET ADDRESS	6075 E BARNEY DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	FLGSTAFF AR 86004	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

Date

Daytime Phone #

407/382-0239

CR2E034 (11/98)