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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000005521 (8)

Principal Place of Business 31 N. MAIN ST. IIKESTONE MO 63801	16				
			3. Date incorporated or Qualified 11/13/1995	3a. Date of L	•
Principal Place of Business	2a. Mailing Address		4. FEI Number	1 07/20/18	Applied For
	26		43-1236566		Not Applicab
Suite, Apt. #, etc	Suite, Apt. #, etc.		6. Certificate of Status Desired		75 Additional se Required
City & State	City & State	**************************************	6. Election Campaign Financing	\$5	.00 May Be
	28		Trust Fund Contribution	Ad	Ided to Fees
Zip Country	Zip 29	Country	This corporation has liability for Florida Statutes	r intangible tax uni	der s. 199,032,
9. Name and Address of Curi		30	10. Name and Address of New R		
C T CORPORATION SYSTEM		81 Name			
1200 SOUTH PINE ISLAND ROAD		82 Street Add	fress (P.O. Box Number is Not Accepta	able)	
PLANTATION FL 33324		83			*****
		84 City		FL 85	Zip Code
		authorized by the corpora orida Statutes. E: Registered Agent signature requ	uired when reinstating)	DATE	
	agent and tille II applicable. (NOT	E: Registered Agent signature requ	uired when reinstating)	DATE	
GNATURE Signature, 1934 or prefed name of registered by the PTD PTD				DATE	OTORS IN 12
GNATURE Signature. Is part or printed name of registered by PTD BEDELL, DON C	agent and title if applicable. (NOT AND DIRECTORS	E: Registered Agent signature required. 13. 1.1 TITLE 1.2 NAME	uired when reinstating)	DATE	OTORS IN 12
GNATURE Signature, type dier printed name of registered OFFICERS / IE PTD BEDELL, DON C 18 W. NORTH ST.	agent and title if applicable. (NOT AND DIRECTORS	E: Registered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	uired when reinstating)	DATE	OTORS IN 12
GNATURE Signature. Speci or prefed name of registered E. OFFICERS A ILE PTD BEDELL, DON C REEL ADDRESS 118 W. NORTH ST. SIKESTONE MO 63801 V	agent and title if applicable. (NOT AND DIRECTORS	E: Registered Agent signature required. 13. 1.1 TITLE 1.2 NAME	uired when reinstating)	DATE	OTORS IN 12 ange
GNATURE Signature, lyped or protect name of registered E. OFFICERS / IF PTD ME BEDELL, DON C 118 W. NORTH ST. IY-S1-7IP SIKESTONE MO 63801 IE V ME BEDELL, DONALD B	agent and tille II applicable. (NOT AND DIRECTORS	E* Registered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	uired when reinstating)	DATE ICERS AND DIREC	OTORS IN 12 ange
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SIGNATURE:

CONTROL OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

A. Barnes, Secretary

4/15/97 471-1276

FILED

Apr 21 1997 8:00am

Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	•	1997	DIVISION OF CC	PRPORATIONS		
<u>D</u>		1114010	003764 (6)			
	BELL OF	FLORIDA, INC.				
Pr	incipa! Place	of Business	Mailing Address		- I TOBATOD OTRO TORAK ERIAK ERIAK DOUIT DOUIT	9815
,		11812 SAN VICENTE BLVD.				
		LOS ANGELES CA 90049-5022				
					3. Date incorporated or Qualified 07/21/1995	3a. Date of Last Report 04/16/1996
2.	Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	Suite, Apt	# ptc	Suite, Apt. #, etc.		95-2039211	Not Applicable \$8.75 Additional
22	State, Apr	, c	27		5. Certificate of Status Desired	Fee Required
	City & State)	City & State		6. Election Campaign Financing	\$5.00 May Be
23			28	0	Trust Fund Contribution	Added to Fees
24	Zιρ	Country 25	Zip 3	Country	This corporation has fiability for in Florida Statutes	ntangible tax under s. 199.032, Yes No
24		9. Name and Address of Current		1	10. Name and Address of New Reg	
	CT	CORPORATION SYSTEM		81 Name		
1200 SOUTH PINE ISLAND ROAD			82 Street Addr	ess (P.O. Box Number is Not Acceptable	e)	
	PLAI	NTATION FL 33324		83		
				64 City		FL 85 Zip Code
11	- Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above-named corp	oration submits this statement for the prion's board of directors. I hereby accep	
	office or n agent ∃a	egistered agent, or both, in the State c m familiar with, and accept the obligat	ir Florida. Such change was au ions of, Section 607.0505, Flori	thorized by the corporati da Statutes.	ion's board of directors. I hereby accep	t the appointment as registered
SI	GNATURE					
12		Signature: Typest or printed name of registered agent OFFICERS AND		Registered Agent signature require 13.	ed when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTORS IN 12
TH	r	DC	DELETE	1.1 TITLE		☐ Change ☐ Addition
NA	ME)	WILLIAMS, THEODORE		1.2 NAME		
SI	REET ADDRESS	11812 SAN VICENTE BLVD.		1.3 STREET ADDRESS		
	Y-\$1-ZiP	LOS ANGELES CA 90049	DELETE	1.4 CITY - ST - ZIP		Change Addition
10	MF	PDCO JAFFE, BRUCE M	DELETE	2.1 TITLE 2.2 NAME		LI CHANGE LI Addition
ı	ANT REET ADDRESS	11812 SAN VICENTE BLVD.		2.3 STREET ADDRESS		
ı	IY-SI-ZIP	LOS ANGELES CA 90049		2. 4 CITY - \$1 - ZIP		
	LF.	٧	DELETÉ	3.1 TITLE		Change Addition
NA.	ME	DOUCETTE, PAUL F		32 NAME		
ł	REET ADDRESS	11812 SAN VICENTE BLVD.		3.3 STREET ADDRESS		
Cil Til	Y - \$1 - 7iP	VD LOS ANGELES CA 90049	☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
N.A		GRAHAM, GORDON		4. 2 NAME		_ , , _
ነ	REFT ADDRESS	11812 SAN VICENTE BLVD.		4.3 STREET ADDRESS		
0.1	IY-ST-ZIP	LOS ANGELES CA 90049		4.4 CITY - ST - ZIP		
ı	LF	V	DELETE	5.1 TITLE		☐ Change ☐ Addition
1	Mf	EDWARDS, TRACY A		5.2 NAME		
ı	REET ADDRESS	11812 SAN VICENTE BLVD. LOS ANGELES CA 90049		5.3 STREET ADDRESS		
	TY+ST+ZIP LE	V	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
ı	ME	HOUGH, D J		6.2 NAME		
1	REET AUDRESS	11812 SAN VICENTE BLVD.		6 3 STREET ADDRESS		
Cr	TY - ST - ZIP	LOS ANGELES CA 90049		6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: