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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

G37760

(7)

ZITA WATERS BELL, INC.

FILED Mar 04 1998 8:00am Secretary of State

Principal Place of Business Mailing Address												
% ALAN J. WERKSMAN 180 SW 12TH AVE SUITE 1018 DEERFIELD BCH. FL 33442-0102 US			% ALAN J. WERKSMAN 160 SW 12TH AVE., SUITE 101B DEERFIELD BCH. FL 33442-0102 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/10/1983						
2. Principal Place of Business		26	2a. Mailing Address				4.	FEI Number			Applied For	
ก		26	26				1 _	59-2290581			Not Applicable	
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.				5.	Certificate of Status Desired		-	5 Additional Required	
City & State		28	City & State				6.	Election Campaign Financing Trust Fund Contribution			00 May Be led to Fees	
Zip 4	Country 26	29	Zip Cour 29 30					is corporation owes or has pa ersonal Property Tax due June		rrent yea Yes	r Intangible	
9. Name	and Address of Curren	ı Regi	stered Agent				10.	Name and Address of New Ro	gistered	Agent		
WERKSMAN.	ALAN J.				81	Name		-				
160 SW 12TH AVE., SUITE 101B DEERFIELD BCH. FL 33442-0102				82 Street Ac			ddress (P.O. Box Number is Not Acceptable)					
DELIN RED C	011.12 00112 0102				83					****		
					84	City			FL	85	Zip Code	
office or registered as	sions of Sections 607.050 gent, or both, in the State lth, and accept the oblig	of Flor	ida. Such change was	authorize	d by	the corpora	rporation ation's b	n submits this statement for the loard of directors. I hereby acce	purpose o	f changir pointment	ng its registered t as registered	

SIGNATURE							
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE Re	<u> </u>	required when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHAN	GES TO OFFICERS AND		
TITLE	DP D	ELETE	1,1 TITLE			Change	Addition
NAME	BELL, ZITA WATERS		1,2 NAME				
STREET ADDRESS	21803 ARRIBA REAL 13TH		1.3 STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY - ST - ZIP				
TITLE	S	ELETE	2.1 TIYLE			Change	Addition
NAME	BELL, MERRILL		2.2 NAME				
STREET ADDRESS	21803 ARRIBA REAL 13TH		2.3 STREET ADDRESS				
CITY-ST-ZWP	BOCA RATON FL		2. 4 CITY-ST-ZIP		,		
TITLE	□ D	ELETE	3.1 TITLE		· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4, CITY-ST-ZIP				
TITLE	D	ELETE	4,1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE	D	ELETE	5.1 TITLE			☐ Change	Addition
NAME		1	5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-Z#P			5.4 CITY-ST-ZIP				
TITLE	□ D	ELETE	6.1 TITLE			Change	Addition
RAME		ŀ	6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS	•			
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

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, expon an attachment with an address.