

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

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90024 013 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # G40044

1. Corporation Name
BELL TAX AND BOOKKEEPING SERVICE, INC.



Principal Place of Business
5410 STIRLING ROAD
DAVIE FL 33314
US

Mailing Address
5410 STIRLING RD
DAVIE FL 33314
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc. 22
 City & State 23
 Zip 24 Country 25

2a. Mailing Address
 26 Suite, Apt. #, etc. 27
 City & State 28
 Zip 29 Country 30

3. Date Incorporated or Qualified
05/18/1983

4. FEI Number
59-2284709

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHREIBER, A. ALFRED
5600 SHERIDAN ST.
HOLLYWOOD FL 33021

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	IACINO, FRANK S.	
STREET ADDRESS	5410 STIRLING RD.	
CITY-ST-ZIP	DAVIE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	IACINO, DORELLA S.	
STREET ADDRESS	5410 STIRLING RD.	
CITY-ST-ZIP	DAVIE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DORELLA S. IACINO	
1.3 STREET ADDRESS	7561 RALEIGH ST.	
1.4 CITY-ST-ZIP	HOLLYWOOD, FL. 33024	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FRANK S. IACINO	
2.3 STREET ADDRESS	5410 STIRLING RD.	
2.4 CITY-ST-ZIP	DAVIE, FL. 33314	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 *Frank S. Iacino* Director
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-99
 Date

954/962-8900
 Daytime Phone #

CR2E034 (11/98)