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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90100 025 \*\*\*150.00

## DOCUMENT # H60274

BELL INSURANCE SERVICES, INC.

Principal Place	e of Business	Mailing Address				-	JIQIA BIBN QIQIN O	
925 N. BAY ST.	•	925 N. BAY ST.				,		
5 Eustis Fl 3272	26	5 Eustis FL 32726				DO NOT WRITE IN THIS	SPACE	
US		US			- <b>-</b>	3. Date incorporated or Qualifed		
	The second secon	<del>-</del>		-		06/04/1985	_	
2. Principal P	lace of Business	2a. Mailing Address	3			4. FEI Number	Ap	plied For
21		26				59-2695056		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc	C.			5. Certificate of Status Desired	\$8.75 A	
22		27				3. Commonto di Canada Dosirea	Fee Re	quired
City & State	e	City & State				6. Election Campaign Financing	\$5.00	
23		28				Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip		untry		8. This corporation owes the current year In		<b>⊠</b> No
24	25	29	30	т—		Personal Property Tax.	Yes	<u> </u>
	9. Name and Address of Curre	ent Registered Agent	<del></del>	81	Name	10. Name and Address of New Registered	Agent	
BEIL	L, WILMER D.			"	Name			
	N. BAY ST.			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		ļ
STE.				83			<del></del>	
	TIS FL 32726			03				J
200	113 FL 32/20			84	City		85 Zip C	Code
				ĻΙ				registered
office or r	registered agent, or both, in the State	e of Florida. Such change	was authorize	a by 1	tne corporatio	pration submits this statement for the purpose on's board of directors. I hereby accept the appo	intment as re	gistered
agent. I a	im familiar with, and accept the oblig	ations of, Section 607.050	05, Florida Sta	tutes.				
SIGNATURE						when reinstating? DATE		}
	Signature, typed or printed name of registered ag	ent and title if applicable.  ND DIRECTORS	(NOTE: Registere		beniupen eru)angia t	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
12.		IND DIRECTORS						
	מו	□ DELE	TF 117	ITI F			☐ Change	Addition
	PCI WILMED D	☐ DELE						
NAME	BELL, WILMER D.	□ DELE	1.2 N	IAME	ADDRESS			
NAME STREET ADDRESS	BELL, WILMER D. 12346 BLUE HERON WAY	□ DELE	1.2 N 1.3 S	IAME STREET	ADDRESS			
NAME STREET ADDRESS CITY-ST-ZIP	BELL, WILMER D. 12346 BLUE HERON WAY GRAND ISLAND FL		1.2 h 1.3 s 1.4 C	IAME TREET CITY-ST	1			
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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.