FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE. Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name **J38730**

(4)

DEANNA BELLE, INC.

FILED May 01 1996 8:00 am Secretary of State



D: 1 15						
Principal Place of Business Mailing Address					. aan ardın aran aran aran 818(1 818(1 818) 188)	
4600 46 AV		4600 46 AVE W				
PO BOX 276 CORTEZ FL 34215		PO BOX 276 CORTEZ FL 34215				
0022.02		CONTEZ FL 34213			3. Date incorporated or Qualified	3a. Date of Last Report
					10/17/1986	05/01/1995
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
[21]		26			59-2819961	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	- 3		5. Certificate of Status Desired	\$8.75 Additional
City & State		27	City & State			Fee Required
23		28			6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip	Countr		Trust Fund Contribution	Added to Fees
24	25 29 30		h	untry 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☒ No		
	9. Name and Address of Curre				10. Name and Address of New R	
			81	Name		
	tz, mary frances		82	Ctroot A	ddress (P.O. Box Number is Not Acceptable	
1101 9TH AVE W.			Street Ad		odress (F.O. box Number is Not Acceptable	е)
BRADE	NTON FL 34205		83			
			84	City		1-21
			1	' '		FL 85 Zip Code
11. Pursuant to or registers	o the provisions of Sections 607,050; ed agent, or both, in the State of Flor	2 and 607.1508, Florida Statuti ida. Such chappe was authoriz	es, the above-	named cor	poration submits this statement for the purposed of directors. I hereby accept the appo	pose of changing its registered office
familiar wit	h, and accept the obligations of, Sec	tion 607.0505, Florida Statutes	i.	OIGIOI: S L	osito of directors. Thereby accept the appo	intment as registered agent. Fani
SIGNATURE _	electric transport					
12.	Signature, typico or printed name of registered a join OFFICERS AN	I and the mapphicable (NCI) ID DIRECTORS	III Registered Age.	nt signature rec	gured when reinstating)	DATE
TITLE	P	DELETE	1 1 Title	Т	ADDITIONS/CHANGES TO OFFI	
NAME	, Bell, Walter T.		12 NAME			Change Addition
STREET ADDRESS	12115 45 AVE W		1.3 STREET	ADDRESS		:
CHTY-ST-ZIP	CORTEZ FL		1.4 C/TY - S			
TITLE	V	□ DELETE	2 1 TrTLF			Change Addition
NAME	JONES, GAYDON, L		2 2 NAME			E 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
STREET ADDRESS	7103 8 AVE NW		2 3 STREET	ADDRESS		
CITY-ST-ZIP	Bradenton Fl		2.4 City - 9	T-ZIP		
TITLE		(_) DELETE	3. 1 T(TLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3. STREE	ADDRESS		
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	······································	3.4 CITY - S	1-712		
TITLE			4. 1 TITLE			☐ Change ☐ Addition
NAME CTREET ADDRESS			4.2 NAME	ĺ		
STREET ADDRESS			4.3 STREET			
CITY-ST-ZIP TITLE	72 24	☐ DELETE	4.4 CITY - S	T-ZIP	10000184	403 <u>81</u>
NAME			5 1 TITLE		1000184 -05/28/96010; ***400.00	24——0 26 5hange □ Addition
STREET ADDRESS			5.2 NAME		***400.00	
CITY-ST-ZIP			5.3 STREET			
TITLE		DELETE	5.4 CITY - S 8 1 TITLE	I - ZII'		Change C S IV
NAME			62 NAME			☐ Change ☐ Milition
STREET ADDRESS			6.3 STREET	WUUBEGG		
CITY-ST-ZIP						25
	certify that the Information supplied	with this filipp is voluntarily furni	64 CITY-S	- ZIF	y for the gyperator stated in Co. 21	***

certify that the information supplied with trus filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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:

Walter T. Bell U-18-94 9417911249

OFFICER ON DIRECTOR

Date

Description Proces