

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Martham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J38730

(4)

1. Corporation Name

DEANNA BELLE, INC.

Principal Place of Business

4800 48 AVE W
PO BOX 276
CORTEZ FL 34215

Mailing Address

4800 48 AVE W
PO BOX 276
CORTEZ FL 34215-0276

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

27

City & State

23

28

City & State

24

Zip

25

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

SCHULTZ, MARY FRANCES
1101 9TH AVE W.
BRADENTON FL 34205

81 Name

Bell, Karen L

82 Street Address (P.O. Box Number is Not Acceptable)

12205 45th Ave W.

83

84 City

Cortez

FL

Zip Code 34215

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]

Signature, typed or printed name of registered agent and title if applicable

(Note: Registered Agent signature required when translating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DELETE

1.1 TITLE

Change Addition

NAME

P
BELL, WALTER T.

STREET ADDRESS

12115 45 AVE W

CITY-ST-ZIP

CORTEZ FL

TITLE

DELETE

2.1 TITLE

Change Addition

NAME

V
JONES, GAYDON, L

STREET ADDRESS

7103 8 AVE NW

CITY-ST-ZIP

BRADENTON FL

TITLE

DELETE

3.1 TITLE

Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

DELETE

4.1 TITLE

Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

DELETE

5.1 TITLE

Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

DELETE

6.1 TITLE

Change Addition

NAME

STREET ADDRESS

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.

FILED
May 05 1997 8:00am
Secretary of State



CR2E034 (9/96)