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May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J38732

(0)

1. Corporation Name

KAREN J. BELLE, INC.

Principal Place of Business

4800 48TH AVE
PO BOX 276
CORTEZ FL 34215

Mailing Address

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



3. Date Incorporated or Qualified
10/17/1986

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
59-2819955

Applied For
Not Applicable

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name Bell, Douglas
82 Street Address (P.O. Box Number is Not Acceptable)
8708 50th Ave W.
83 City Bradenton FL 85 Zip Code 34210

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

Bell, Carl D.

(NOTE: Registered Agent signature required when reinstating)

DATE

April 22-1997

12. OFFICERS AND DIRECTORS

TITLE P
NAME BELL, WALTER T.
STREET ADDRESS 12115 45 AVE W
CITY-ST-ZIP CORTEZ FL

TITLE V
NAME BELL, CALVIN E.
STREET ADDRESS 12115 45 AVE W
CITY-ST-ZIP CORTEZ FL

TITLE T
NAME BELL, CARL D.
STREET ADDRESS 8708 50 AVE W
CITY-ST-ZIP BRADENTON FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE: [Signature] T. B. O. R. - 21-92 9412941249

CR2E034 (9/96)