

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandha B. Mortman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K84889**

(0)

1. Corporation Name:

BELL HEARING INSTRUMENTS, INC.

Principal Place of Business

**2796 SUMMERDALE DR NORTH
CLEARWATER FL 34621**

Mailing Address

**2796 SUMMERDALE DR NORTH
CLEARWATER FL 34621**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

**BELL, WILLIAM A.
2796 SUMMERDALE DRIVE NORTH
CLEARWATER FL 34621**

3. Date Incorporated or Qualified

05/02/1989

3a. Date of Last Report

04/20/1995

4. FCI Number

59-2950226

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

10. Name and Address of New Registered Agent

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 607.1506, 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

12. OFFICERS AND DIRECTORS

**D
BELL, WILLIAM A.
6402 W. TURTLE CREEK BL
TAMPA FL**

☐ DELETE

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify 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 a checkmark.

SIGNATURE:

William A. Bell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-96 813-725-4825

CR2E034 (12/95)