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Mar 18 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 # K98927 (2)

1. Corporation Name
BEL-SHOR INC.



Principal Place of Business
821 NORTH FEDERAL HIGHWAY
HALLANDALE FL 33009

Mailing Address
821 NORTH FEDERAL HIGHWAY
HALLANDALE FL 33009-2410

3. Date Incorporated or Qualified 06/28/1989
3a. Date of Last Report 04/02/1996

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-29) fields with sub-sections for Suite, Apt. #, etc., City & State, Zip, and Country.

4. FEI Number 65-0139480
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 [X] Yes [] No

9. Name and Address of Current Registered Agent
PETRUZZELLI, ANNA
821 NORTH FEDERAL HIGHWAY
HALLANDALE FL 33009

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

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 (Separate type or printed name of registered agent and time if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS table with columns for Title, Name, Street Address, City, St, Zip and a DELETED checkbox.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 table with columns for Title, Name, Street Address, City, St, Zip and Change/Addition checkboxes.

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: *Anna Petruzzelli*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/97 89438-3836
Date Daytime Phone #

CR2E034 (9/96)