

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L33347** (0)

1. Corporation Name

BELLS DELI, INC.



Principal Place of Business

% NOBLE MCARTOR
6335 W. COMMERCIAL BLVD.
TAMARAC FL 33319

Mailing Address

% NOBLE MCARTOR
6335 W. COMMERCIAL BLVD.
TAMARAC FL 33319

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 6298 NW 62 TERRACE

27 Suite, Apt. #, etc.

28 PARKLAND FL
29 33067 30 BROWARD

3. Date Incorporated or Qualified
12/01/1989

3a. Date of Last Report
03/09/1995

4. FEI Number

59-2982208

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

MC ARTOR, NOBLE
6335 W. COMMERCIAL BLVD.
TAMARAC FL 33319

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
6298 NW 62nd Terrace

83

84 City **Parkland**

FL

85 Zip Code **33067**

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

(TITLE: Registered Agent Signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **MCARTOR, NOBLE**
STREET ADDRESS **6335 W. COMMERCIAL BLVD.**
CITY-ST-ZIP **TAMARAC FL**

TITLE **D** ☐ DELETE
NAME **REDD, WALTER, II**
STREET ADDRESS **6335 W. COMMERCIAL BLVD.**
CITY-ST-ZIP **TAMARAC FL**

TITLE **D** ☐ DELETE
NAME **RUSSELL, JOHN, JR.**
STREET ADDRESS **6335 W. COMMERCIAL BLVD.**
CITY-ST-ZIP **TAMARAC FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS **6298 NW 62nd Terrace**
1.4 CITY-ST-ZIP **Parkland, FL. 33067**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS **6298 NW 62nd Terrace**
2.4 CITY-ST-ZIP **Parkland, FL. 33067**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS **6298 NW 62nd Terrace**
3.4 CITY-ST-ZIP **Parkland, FL. 33067**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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)(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:

John L. Russell Jr.

John L. Russell Jr.

3/22/96

954-344-6739

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE NUMBER

CR2E034 (12/95)