

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

FILED

Feb 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
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DOCUMENT # **L73854** (6)

1. Corporation Name
BEWEL, INC.



Principal Place of Business % CHARLES C. WELLS 4301-KIMBERLY CIRCLE- W-MELBOURNE FL 32904 US	Mailing Address % CHARLES C. WELLS 4301-KIMBERLY CIRCLE- W-MELBOURNE FL 32904-3750 US
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3. Date Incorporated or Qualified 05/14/1990	3a. Date of Last Report 03/04/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22 2427 Crystal Oaks Lane	Suite, Apt. #, etc. 27 2427 Crystal Oaks Lane
City & State 23 West Melbourne, FL	City & State 28 West Melbourne, FL
Zip 24 32904-3750	Country 25 US
	Country 29 32904-3750 30 US

4. FEI Number 65-0199815	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent WELLS, CHARLES C. 4301-KIMBERLY CIRCLE W-MELBOURNE FL 32904		10. Name and Address of New Registered Agent	
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)	2427 Crystal Oaks Lane		
83			
84 City	West Melbourne	85 Zip Code	FL 32904-3750

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: *Charles C. Wells* DATE: **1/30/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLS, CHARLES C.	1.2 NAME	
STREET ADDRESS	4301-KIMBERLY CIRCLE-	1.3 STREET ADDRESS	2427 Crystal Oaks Lane
CITY-ST-ZIP	W-MELBOURNE FL	1.4 CITY-ST-ZIP	West Melbourne, FL 32904-3750
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLS, BETTY S.	2.2 NAME	
STREET ADDRESS	4301-KIMBERLY CIRCLE-	2.3 STREET ADDRESS	2427 Crystal Oaks Lane
CITY-ST-ZIP	W-MELBOURNE FL	2.4 CITY-ST-ZIP	West Melbourne, FL 32904-3750
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Charles C. Wells* DATE: **1/30/97** (407) 724-1101

CR2E034 (9/96)