

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -6 AM 10: 05

DOCUMENT # **M06769** (7)

1. Corporation Name
DOUGLAS BELL ASSOCIATES, INC.

Principal Place of Business Mailing Address
C/O DOUGLAS BELL **C/O DOUGLAS BELL**
2031 SACRAMENTO **2031 SACRAMENTO**
FT LAUDERDALE FL 33326 **FT LAUDERDALE FL 33326**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/22/1984** 3a. Date of Last Report **04/27/1994**
4. FEI Number **59-2446107** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

BELL, DOUGLAS
2031 SACRAMENTO
FT LAUDERDALE FL 33326

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 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

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCT	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, DOUGLAS	2. NAME	
STREET ADDRESS	2031 SACRAMENTO	3. STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE FL	4. CITY - ST - ZIP	
TITLE	DP	7.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER-BELL, SYBIL	2.2 NAME	
STREET ADDRESS	2031 SACRAMENTO	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE FL	2.4 CITY - ST - ZIP	
TITLE	DS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHEWSON, MEREDITH B.	3.2 NAME	
STREET ADDRESS	85 DUTCHESS RD	3.3 STREET ADDRESS	
CITY - ST - ZIP	CUMBERLAND RI	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, BRETTON S.	4.2 NAME	
STREET ADDRESS	102 1/2 PRINCE ST	4.3 STREET ADDRESS	
CITY - ST - ZIP	ALEXANDRIA VA	4.4 CITY - ST - ZIP	
TITLE		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		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 is voluntarily furnished and does not qualify for the exemption stated in Section 110 (17)(3)(b), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE **DOUGLAS BELL** CHAIRMAN

Signature and typed or printed name of officer or director

4/3/95

Date

Signature Number