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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9200000073

1. Corporation Name

BELL CONTRACTING, INC.

Principal Place	of Business	Mailing Address								
		18600 COMMONWEALTH AVE								ŧ
ORLANDO FL 32820-3031		ORLANDO FL 32820-3031			DO NOT WRITE IN THIS SPACE					
						Oata Incorpor	ated or Qualife			 -
						•		u		
	·					10/27/1993 FEI Number	<u> </u>		Δnr	lied For
2. Principal Pla	ace of Business	2a. Mailing Address			•				L	Applicable
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Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.			5.	Certifcate of S	Status Desired	. 🗆	Fee Rec	
22		27								·
City & State	•	City & State				'	paign Financin		\$5.00	•
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Zip	Country	Zip	Country	1			ion owes the cu	ırrent year in		□No
24	25	29 30)			Personal Prop				LINU .
	9. Name and Address of Current			1.7.	10.	Name and A	ddress of Nev	/ Registered	депт	
			81	Name						
	, LARRY STEVEN		82	Street A	ddress (P.	O. Box Numb	er is Not Acce	ptable)		
1860	O COMMONWEALTH AVE		"	0		4 - 44 - 70			<u> </u>	
ORL	ANDO FL 32820-3031		83				(F. 14.4)			
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	• .		84	City	•			. FL	_ 83 200	,00e
44 30 000	to the provisions of Sections 607.0502	and 607 1508 Florida Statutes	the abov	/e-named c	corporation	submits this	statement for the	ne purpose o	f changing its	registered
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	of Florida. Such change was auth	orized by	the corpor	ration's bo	ard of director	rs. I hereby acc	ept the appo	intment as reg	gistered
agent. I ar	egistered agent, or both, in the State to m familiar with, and accept the obligati	ions of, Section 607.0505, Florid	a Statute	S.					•	
SIGNATURE										
ISIGNATURE					and the same of	instation)		DATE		
	Signature, typed or printed name of registered agent			ent signature rec	quired when re	einstating)	HANGES TO (DATE OFFICERS A	ND DIRECTO	RS IN 12
12.	OFFICERS ANI	D DIRECTORS	13.	ent signature rec	quired when re	ainstating)	HANGES TO		ND DIRECTO	RS IN 12
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14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: