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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 # **P92000003838 (9)**

1. Corporation Name
BOB BELL, INC.

Principal Place of Business	Mailing Address
1242 S COVE CAMP PT INVERNESS FL 34450 US	1242 S COVE CAMP PT INVERNESS FL 34450-5272 US

3. Date Incorporated or Qualified: **11/12/1992**
3a. Date of Last Report: **03/21/1996**
4. FEI Number: **59-2746687** [ ] 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 unrang'ble tax under s. 193.032, Florida Statutes [ ] Yes [ ] No

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

9. Name and Address of Current Registered Agent

BOYAJAN, LEON M II
1125 STERLING RD
S4
INVERNESS FL 34450

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	[ ] DELETE	11 TITLE	[ ] Change	[ ] Addition
NAME	BELL, BOB		12 NAME		
STREET ADDRESS	1242 S COVE CAMP PT		13 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL		14 CITY-ST-ZIP		
TITLE	DVP	[ ] DELETE	21 TITLE	[ ] Change	[ ] Addition
NAME	BELL, EVELYN K		22 NAME		
STREET ADDRESS	1242 S COVE CAMP PT		23 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL		24 CITY-ST-ZIP		
TITLE		[ ] DELETE	31 TITLE	[ ] Change	[ ] Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		[ ] DELETE	41 TITLE	[ ] Change	[ ] Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		[ ] DELETE	51 TITLE	[ ] Change	[ ] Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		[ ] DELETE	61 TITLE	[ ] Change	[ ] Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (9/96)

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: _____ 4/16/97