

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

APPROVED
AND
FILED

95 MAY -1 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Secretary of State
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

DOCUMENT # P93000046382 (6)

1. Corporation Name
BELLBECK, INC.

Principal Place of Business
19922 MONA RD
TEQUESTA FL 33469

Mailing Address
19922 MONA RD
TEQUESTA FL 33469

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/25/1993

3a. Date of Last Report
05/01/1994

4. FEI Number
65-0419861

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. 198.04, Florida Statutes
Yes No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BELL, GREIG
19922 MONA RD
TEQUESTA FL 33469

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

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of New Registered Agent

Signature

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME
2. STREET ADDRESS
3. CITY, ST, ZIP
D
BECKMAN, ART
1851 W INDIANTOWN RD SUITE 204
JUPITER FL 33458

1. NAME
2. STREET ADDRESS
3. CITY, ST, ZIP
Change Addition

1. NAME
2. STREET ADDRESS
3. CITY, ST, ZIP
D
BELL, GREIG
19922 MONA RD
TEQUESTA FL 33469

1. NAME
2. STREET ADDRESS
3. CITY, ST, ZIP
Change Addition

1. NAME
2. STREET ADDRESS
3. CITY, ST, ZIP

1. NAME
2. STREET ADDRESS
3. CITY, ST, ZIP
Change Addition

1. NAME
2. STREET ADDRESS
3. CITY, ST, ZIP

1. NAME
2. STREET ADDRESS
3. CITY, ST, ZIP
Change Addition

1. NAME
2. STREET ADDRESS
3. CITY, ST, ZIP

1. NAME
2. STREET ADDRESS
3. CITY, ST, ZIP
Change Addition

1. NAME
2. STREET ADDRESS
3. CITY, ST, ZIP

1. NAME
2. STREET ADDRESS
3. CITY, ST, ZIP
Change Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.071, Florida Statutes. I further certify that the information included in this annual report or biannual report is true and accurate, and that my corporation shall have the same in full effect for it made under penalty that I am an officer or director of the corporation or the officer 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 an attachment with an address.

SIGNATURE:

Signature of Director
Director

4-2895 407-747-2032