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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000006246

1. Corporation Name

BELL INVESTMENT GROUP INC

DELE IIA	VESTIVIENT GROOT, INC.						
Principal Place	of Business	Mailing Address			T IMEHMEN IIR IBNI ANNIN BRIN ABINI BANN	ABILT GISIN IENS	
9905 S.W. 76TH TERRACE 113 NORTH EFDERAL HIGH			¥				
					DO NOT WRITE IN THE	SPACE	····
					3. Date Incorporated or Qualifed		
		a Mailian Address			01/18/1994 4. FEI Number	Ι Δε	plied For
2. Principal Place of Business 12 2400 WEST 84 STREET 2a. Mailing Address 26 2400 WEST 84			ST STREET	<u>_</u>	· · ·	}	ot Applicable
11 2400 WEST 84 ^{TL} STREET 26 2400 WEST 84 Suite, Apt. #, etc. Suite, Apt. #, etc.			- 2116	<u>e i </u>	65-0469190	\$8.75	
					5. Certifcate of Status Desired	Fee.Re	
2					6. Election Campaign Financing	\$5.00	May Be
3 HIPLEAH FL 28 HIALEAH,			Ĺ		Trust Fund Contribution	Added	-
Zip	Country	Zip	Country		8. This corporation owes the current year Ir	tangible	
330	16 25 USA	29 33016 30	ไบร	A	Personal Property Tax.	☐ Yes	□No
<u> </u>	9. Name and Address of Current				10. Name and Address of New Registered	I Agent	
			81	Name			
BELL, RICHARD			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
2400 WEST 84TH ST							
#11			83				,
HIALEAH FL 33016			84	City		85 Zip	Code
					Flooration submits this statement for the purpose of		
office or r	egistered agent, or both, in the State o m familiar with, and accept the obligation	f Florida. Such change was autho ons of, Section 607.0505, Florida	orized by Statutes.	the corporation	on's board of directors. I hereby accept the appoint of when reinstating) DATE	intment as re	egistered
40	District Control of the Control of t			r signature reduite	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12
12. TITLE			13. 1,1 TITLE		ADDITIONS/CITATIONS TO OTTISENO A	☐ Change	Addition
NAME	V10		1.2 NAME				
STREET ADDRESS	2400 WEST 84TH STREET #11		1.3 STREET ADDRESS				
			1.4 CITY-ST	l l			
CITY-ST-ZIP TITLE			2.1 TITLE			Change	☐ Addition
NAME			2.2 NAME				ì
STREET ADDRESS	A CAN TURNE A STATE OF THE ALL		2.3 STREET	ADDRESS			í
CITY-ST-ZIP			2.4 CITY-S				
TITLE	DELETE 3.1		3.1 TITLE			☐ Change	☐ Addition
NAME	Y _{op} ,		3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY-S		<u> </u>		
TITLE			4.1 TITLE			☐ Change	☐ Addition
NAME	4.21		4. 2 NAME	-			}
STREET ADDRESS		İ	4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST				
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME	1			
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST	T-ZiP	<u></u>	_	
TITL C	DELETE 6.1		6.1 TITLE			☐ Change	☐ Addition
NAME	1 · · · · · · · · · · · · · · · · · · ·		6.2 NAME				

CITY-ST-ZIP 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 of the procedure 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

May 06, 1999 8:00 am Secretary of State

05-06-1999 90225 021 ***150.00

= :::