

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000008446 (4)

1. Corporation Name

JOEL/BELL PROPERTY, INC.



Principal Place of Business

390 N ORANGE AVE  
SUITE 1100  
ORLANDO FL 32801

Mailing Address

390 N ORANGE AVE  
SUITE 1100  
ORLANDO FL 32801

3. Date Incorporated or Qualified  
01/24/1994

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 1705-D2 Colonial Blvd.

26 1705-D2 Colonial Blvd.

4. FLE Number

59-3224094

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State  
Fort Myers, FL

27 City & State  
Fort Myers, FL

24 Zip Country  
33907 USA

29 Zip Country  
33907 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

B & C CORPORATE SERVICES OF CENTRAL FL, INC  
390 N ORANGE AVE  
SUITE 1100  
ORLANDO FL 32801

81 Name  
Terry V. Broughton

82 Street Address (P.O. Box Number is Not Acceptable)  
1705-D2 Colonial Blvd.

84 City  
Fort Myers

85 Zip Code  
FL 33907

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]*  
Signature of officer or principal name of registered agent and title if applicable

*TERRY V. BROUGHTON*  
(NOTE: Registered Agent signature required when making change)

*3/6/96*  
Date

12. OFFICERS AND DIRECTORS

TITLE DP ☒ DELETE  
NAME D'ALESSANDRO, FRANK R  
STREET ADDRESS 8801 COLLEGE PKWY., SUITE 1  
CITY-STATE-ZIP FT MYERS FL

TITLE DVS ☒ DELETE  
NAME FORD, JOHN W  
STREET ADDRESS 10587 ROXBURY CT  
CITY-STATE-ZIP LEHIGH FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPS ☒ Change ☐ Addition  
1.2 NAME D'Alessandro, Frank R  
1.3 STREET ADDRESS 8801 College Pkwy., Suite 1  
1.4 CITY-STATE-ZIP Fort Myers, FL 33919

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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 119.07(3)(k), 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank R. D'Alessandro

*4/5/96*  
Date

941-481-6999  
Daytime Phone #

CR2E034 (12/95)