

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Shonda B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000047978 (9)

1. Corporation Name

WILSON BELLI, INC.



Principal Place of Business

3218 S. LAKEVIEW CIRCLE
APT. 101
FT. PIERCE FL 34949
US

Mailing Address

WILSON BELLI, INC.
P.O. BOX 3526
FT. PIERCE FL 34948-3526
US

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

3. Date Incorporated or Qualified	3a. Date of Last Report
06/21/1994	03/06/1995
4. FEI Number	Applied For
65-0502375	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

WILSON, KENNETH V.
3218 S. LAKEVIEW CIRCLE
APT. 101
FT. PIERCE FL 34949

10. Name and Address of New Registered Agent

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 607.0605 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 by the principal officer or director of the corporation

Signature by the Agent or new registered agent, where applicable

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CVT	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILSON, KENNETH V		12 NAME		
STREET ADDRESS	3218 LAKEVIEW CIR., APT. 101		13 STREET ADDRESS		
CITY- ST- ZIP	FT PIERCE FL		14 CITY- ST- ZIP		
TITLE	PD	<input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILSON, HELEN B		22 NAME		
STREET ADDRESS	3218 LAKEVIEW CIR., APT. 101		23 STREET ADDRESS		
CITY- ST- ZIP	FT PIERCE FL		24 CITY- ST- ZIP		
TITLE	SD	<input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILSON, MERCEDES M		32 NAME		
STREET ADDRESS	3218 LAKEVIEW CIR., APT. 101		33 STREET ADDRESS		
CITY- ST- ZIP	FT PIERCE FL		34 CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY- ST- ZIP			44 CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY- ST- ZIP			54 CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY- ST- ZIP			64 CITY- ST- 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 alternate page with an address.

SIGNATURE:

Kenneth V Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEC
TREASURER Kenneth V Wilson x 14/Mar 96 407-489-2744
DATE (SEE INSTRUCTIONS)

CR2E034 (12/95)