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PROFIT CORPORATION ANNUAL REPORT



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

1996

PALM BAY FL 32907

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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Zip

P94000074326 (7)

PALM BAY FL 32907

2a. Mailing Address

City & State

Zio

Suite, Apt. #, etc.

DOCUMENT #

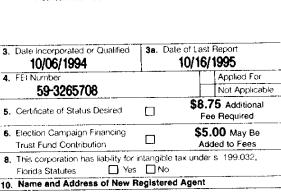
Country

BELL'S PALM BAY FINA, INC.			
Principal Place of Business	Mailing Address		
1091 POPE STREET, N.W.	1091 POPE STREET, N.W.		

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30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) BELL, SCOTTE 82 1091 POPE STREET, N.W. 83 PALM BAY FL 32907 Zip Code 85 84 City 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 Eprida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam

Country

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1 1 TITLE	Change Addition
NAME	BELL, SCOTTE		1.2 NAME	
STREET ADDRESS	1091 POPE STREET, N.W.		1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32907		1.4 C(TY - ST - Z(P	D Character D Addition
TITLE	D	☐ DELĒTĒ	2 1 TITLE	Change Addition
NAME	BELL, SANDRA		2 2 NAME	
STREET ADDRESS	1091 POPE STREET, N.W.		2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32907		2 4 CITY - ST - ZIP	Change Addit or
TITLE		DELETE	3 1 1:TLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3 4 CITY - S1 - ZIP	Change Addition
TITLE		DEFEIE	4 1 TIFLE	
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY - ST - ZIP			4.4 CITY - ST - ZIP	Change Additio
TITLE		DELETE	5 1 TITLE	Citality Citation
NAME			5 2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY - ST - ZIP	☐ Change ☐ Additio
TITLE		DELETE.	6 1 TITLE	Charige Add-110
NAME			6 2 NAME	
STREET ADORESS			6 3 STREET ADDRESS	

14. If 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 cath; that I am an officer or director of the corporation or the receiver or trusted 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.

6.4 CiTY - ST - ZiP

SIGNATURE:

IGNING OFFICER OR DIRECTOR