

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000029099 (5)**

1. Corporation Name
JAMES E. BELLER, M.A., INC.



Principal Place of Business: **2121 LISEBY AVE. PANAMA CITY FL 32405**
Mailing Address: **2121 LISEBY AVE. PANAMA CITY FL 32405**

2. Principal Place of Business: 21
State, Apt. #, etc.:
22. City & State:
23. Zip: County:
24. 25. 29. 30. 9. Name and Address of Current Registered Agent
**BELLER, JAMES E
245 BELAIRE DR.
PANAMA CITY FL 32413**

3. Date Incorporated or Qualified: **04/10/1995**
3a. Date of Last Report:
4. FEI Number: **59-3315581**
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
10. Name and Address of New Registered Agent

81. Name:
82. Street Address (P.O. Box Not Permitted):
83.
84. City: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 607.0702 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME: D BELLER, JAMES E	<input type="checkbox"/> DELETE	13.1 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 STREET ADDRESS: 245 BELAIRE DRIVE		13.2 STREET ADDRESS:	
12.3 CITY, STATE, ZIP: PANAMA CITY FL 32413		13.3 CITY, STATE, ZIP:	
12.4 NAME: D BELLER, GEORGETTE E	<input type="checkbox"/> DELETE	13.4 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 STREET ADDRESS: 245 BELAIRE DRIVE		13.5 STREET ADDRESS:	
12.6 CITY, STATE, ZIP: PANAMA CITY FL 32413		13.6 CITY, STATE, ZIP:	
12.7 NAME:	<input type="checkbox"/> DELETE	13.7 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.8 STREET ADDRESS:		13.8 STREET ADDRESS:	
12.9 CITY, STATE, ZIP:		13.9 CITY, STATE, ZIP:	
12.10 NAME:	<input type="checkbox"/> DELETE	13.10 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.11 STREET ADDRESS:		13.11 STREET ADDRESS:	
12.12 CITY, STATE, ZIP:		13.12 CITY, STATE, ZIP:	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(3)(k), Florida Statutes. I further certify that the information included 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 attached sheet with an address.

SIGNATURE: *James E. Beller* 1-18-96 904 913 9313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)