

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Apr 21 1997 8:00am  
Secretary of State

DOCUMENT # P96000001559 (9)

1. Corporation Name  
MOUNTBELL ACADEMY, INC.



Principal Place of Business  
5906 MAJESTIC WAY  
PALMETTO FL 34221-9553

Mailing Address  
WALDMEISTERGASSE 48, A1140  
VIENNA, AUSTRIA

3. Date Incorporated or Qualified 01/05/1996	3a. Date of Last Report
4. FEI Number 650641463	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 5906 Majestic Way Suite, Apt. #, etc.	2a. Mailing Address 26 5906 Majestic Way Suite, Apt. #, etc.
22 City & State Palmetto, FL	27 City & State Palmetto, FL
23 Zip 34221	28 Country U.S.A.
24 34221	25 U.S.A.
29 34221	30 U.S.A.

9. Name and Address of Current Registered Agent THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE CORAL GABLES FL 33134	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
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	FRITZ, MARK DR.	1.2 NAME	
STREET ADDRESS	5906 MAJESTIC WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL 34221-9553	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	
NAME	FRITZ, ANGELA DR.	2.2 NAME	
STREET ADDRESS	5906 MAJESTIC WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL 34221-9553	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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 REQUIRED: \_\_\_\_\_ 03-25-97 941-723-6337

CR2E034 (9/96)