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Jun 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000034495 (7)

1. Corporation Name

BELL FINANCIAL GROUP, INC.

Principal Place of Business

2618 COVE CAY DR #706
CLEARWATER FL 34620

Mailing Address

2618 COVE CAY DR #706
CLEARWATER FL 34620-1339



3. Date Incorporated or Qualified

04/17/1996

3a. Date of Last Report

2. Principal Place of Business

21 11300 4th Street N.

Suite, Apt. #, etc.

22 Suite 250

City & State

23 St. Petersburg, FL

Zip

24 33716

Country

25 Pinellas

2a. Mailing Address

26 11300 4th Street N.

Suite, Apt. #, etc.

27 Suite 250

City & State

28 St. Petersburg, FL

Zip

29 33716

Country

30 Pinellas

4. FEI Number

59-3376271

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

9. Name and Address of Current Registered Agent

CRAMER, MICHELLE
2618 COVE CAY DR #706
CLEARWATER FL 34620

10. Name and Address of New Registered Agent

81 Name

James Benton

82 Street Address (P.O. Box Number is Not Acceptable)

11300 4th Street N., Suite 250

83

84 City

St. Petersburg

FL

85 Zip Code

33716

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

James Benton

Signature of typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPVS ☒ DELETE

NAME CRAMER, MICHELLE
STREET ADDRESS 2618 COVE CAY DR #706
CITY-ST-ZIP CLEARWATER FL 34620

TITLE T ☒ DELETE

NAME CRAMER, MICHELLE
STREET ADDRESS 2618 COVE CAY DR #706
CITY-ST-ZIP CLEARWATER FL 34620

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPVS ☐ Change ☒ Addition

1.2 NAME James Benton
1.3 STREET ADDRESS 11300 4th Street N., Suite 250
1.4 CITY-ST-ZIP St. Petersburg, FL 33716

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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.

CR2E034 (9/96)

Bank Dep # 16500