## **Ž**004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 29, 2004 08:00 AM Secretary of State

ANNUAL KEPUK I				Secretary of State			
DOCUMENT # P98000034827						cretar	or State
1. Entity Name JOHN BELL PUBLIC RELATIONS, INC.							
Principal Plac		Mailing Address					
7220 NW 11 PLANTATION		7220 NW 11TH STREET PLANTATION, FL 33313					
All Parks (Sept. 1997)				A TORKI BET HE KETOK KOMIN ORAN DOMIN DOMES OM HET MIND KOMIN DAN BET HET MAN DE KOMIN DE NOMEN BET HET IN 1984			
DO NOT WRITE IN THIS SPA			CE + +	02262004	No Chg-P	CR2E034 (1	10/03)
yete L	O NOT WRITE	IN ITIS SPA	UE.	4. FEI Number 65-0828	508		Applied For Not Applicable
	Table Sales	ANTENNA DE	100	5. Certificate of			75 Additional Required
	6. Name and Address of Current Re						
BELL, JOHN			and the second	DO:I	NOT W	RITE	
7220 NW 11TH STREET PLANTAYION, FL 33313					HIS SP		
							e sagete
	named entity submits this statement for t	he purpose of changing its registe	red office or register	ed agent, or both	, in the State of Flor	ida, Lam famili	ar with, and accept
	tions of registered agent.						
SIGNATURE	Signature, typed or printed name of registored agent as	d tale a applicable. (NOTE: Register	ed Agent signeture required	(guaranter) when reinstance		DATE	
FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Efection Campaign Finar  Trust Fund Contribution.				.00 May Be ed to Fees			
10.	OFFICERS AND D	IRECTORS					
TITLE NAME	PSD BELL, JOHN		44	ent e			<b></b>
STREET ADDRESS CITY-ST-ZP	7220 NW 11TH STREET PLANTATION, FL 33313			engan di Sa			
TITLE					1111		
NAME STREET ABORESS						-Suids I	14 150.00
CITY-ST-ZIP		··· <u>·</u>	47.				
TITLE NAME			4.7		· ·		
STREET ADDRESS CRY-ST-ZIP			**************************************				
TITLE				- IN T	HIS SP	ACE	
HAME							wt 377
STREET ADDRESS CITY-ST-ZIP			The second				
TRILE NAME		· · · · · · · · · · · · · · · · · · ·				100	
STREET ADDRESS	-					-	
CITY-ST-ZIP			ور المالي	-			
TITLE NAME			200				7.07

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the Information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS City-St-Zip

SCHATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

3-29-04

754-970\_3394

Daytime Phone #