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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

S34453

(8)

BELL PROPERTY MANAGEMENT OF INDIAN RIVER, INC.

Principal Place of Business Mailing Address **526 EUGENIA ROAD** POST OFFICE BOX 4198 VERO BEACH FL 32963 VERO BEACH FL 32964 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/25/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0246180 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Inlangible 24 Personal Property Tax due June 30. Yes Yes □ No 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HUDSON, DOROTHY A. 81 Name 2125 WINDWARD WAY Street Address (P.O. Box Number is Not Acceptable) **STE 200** 83 VERO BEACH FL 32963 84 Zip Code 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 Signature, typed or printed name of registered agent and tire if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. secretary Pachard 13. DELETE TITLE 1.1 TITLE Change Addition PACKARD, WILLARD C. JR NAME 1.2 NAME - W HARBOR Village 1505 ESTATE LN STREET ADDRESS 1.3 STREET ADDRESS LAKE FOREST IL 32747 CITY-ST-ZIP 1.4 City-ST-ZIP DELETE TITLE 2.1 THLE ___ Addition D'HAESELEER, GAYLE NAME 2.2 NAME **526 EUGENIA ROAD** STREET ADDRESS 2.3 STREET ADDRESS **VERO BEACH FL** CITY - ST - ZIP 2 4 CITY - S1 - ZIP DELETE TITLE Change Addition 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE ☐ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

14. Thereby 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 covered to the covered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

CNATURE FORMER & MI

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

/22/58

Change

Addition

CR2E034 (10/97)

FILED

Jan 28 1998 8:00am

Secretary of State