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

**FILED** Feb 02 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS DOCUMENT** # (1) S87303 BELL USA, INC. Principal Place of Business Mailing Address -111239 ST JOHNS IND PKWY 8 11239 ST JOHNS IND PHWY S JACKSONVILLE FL 32202 JACKSONVILLE FL 32246 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualified 10/14/1991 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 1682 59-3090471 Not Applicable \$8.75 Additional 5. Certificate of Status Desired JACKSONVIlle BEACH Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 29 32290 9. Name and Address of Current Registered Agent 3746 26 Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent ROLFE, LAWRENCE C. 233 E. BAY STREET Street Address (P.O. Box Number is Not Acceptable) 720 BLACKSTONE BUILDING 83 JACKSONVILLE FL 32202 84 85 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE BELL, RICHARD W. NAME 1,2 NAME 2E034 322 6TH ST. STREET ADDRESS 1.3 STREET ADDRESS ATLANTIC BEACH FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 21 TITLE BELL, TANCY T. NAME 2.2 NAME 322 6TH ST. STREET ADDRESS 2.3 STREET ADDRESS ATLANTIC BEACH FL CITY - ST - ZIP 2.4 CITY-ST-2IP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 41 TITLE Change Addition 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition Change TITLE 6.1 TITLE

6.2 NAME

14. I 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 supplied all 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 of 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.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

NAME STREET ADDRESS

CITY-ST-ZIP