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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

(2)

BELL PROPERTIES ENTERPRISES, INC.

FILED May 14 1998 8:00am Secretary of State

☐ Change

☐ Change

☐ Addition

Addition

:						
Principal Place of Business Mailing Address					(1881) E((B)) ABILL 1888(1884 1846 814 814 814 814 814 814 814 814 814 814	81811 W1811 81811 81811 97811 1881
9501 SOUTHV MIAMI FL 331	WEST 147TH STREET 76	300 GRECO AVENUE CORAL GABLES FL 33146 US	ORAL GABLES FL 33146		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/16/1992	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0317272	Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	е	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 3	Country 0		This corporation owes or has paid the Personal Property Tax due June 30.	Yes No
9, Name and Address of Current Registered Agent 81 Name				Name	10. Name and Address of New Registered Agent	
11 Pursuant	O GIECO AVE RAL GABLES FL 33146 to the provisions of Sections 607.05	02 and 607.1508, Florid a St atutes	83 84	City	poration submits this statement for the purpos	B5 Zip Code
agent. 1 a	ım familiar with, and accept the obliq	gations of, Section 607. 0 505, Flori	da Stalutes.		tion's board of directors. I hereby accept the	
Signature typod or printed name of registered agent and title if applicable (NOTE Reg 12. OF FICE RS AND DIRECTORS			13.	signature requir	red when reinstaning) DAT ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	DELETE	1.1 TITLE			Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	BELL, J. EDWARD 9501 S.W. 147TH STREET MIAMI FL		1.2 NAME 1.3 STREET AD 1.4 CITY - ST - 2	DRESS 4	oseph Edwin Bell 328 Alton Road Iami Beach, Fl 33140	•
TITLE		☐ DELETE	2.1 TITLE			Change Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET AD	ODRESS		
CITY-ST-ZIP			2. 4 CITY - ST -	ZIP		
TITLE		DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET AD	DDRESS		
CITY-ST-ZIP			3.4. CITY-ST-	ZIP		——————————————————————————————————————
TITLE		☐ DELETE	4.1 TITLE	1		Change Addition

6.4 CITY - ST - ZIP CITY-ST-ZIP 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 is five 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 recover of frust 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 affactunent with an address.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

4.3 STREET ADDRESS 4.4 CITY - ST - ZIP

5.3 STREET ADDRESS 5.4 CITY - ST- ZIP

6.3 STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

TITLE

NAME STREET ADDRESS