


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # V18191 1. Entity Name BELL DATA CORPORATION	
--	---

Principal Place of Business 21202 OLEAN BLVD SUITE A-3 PORT CHARLOTTE, FL 33952 US	Mailing Address 21202 OLEAN BLVD STE A-3 PORT CHARLOTT, FL 33952 US
---	--



02062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0333672	Applied For Not Applicable
5. Certificate of Status Desired. <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ZOBEL, ROBERT L 1476 STRASBURG DRIVE PORT CHARLOTTE, FL 33952
--

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

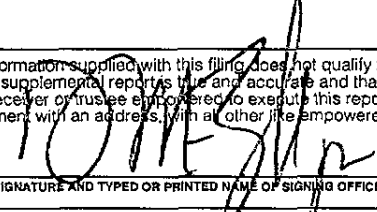
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and file if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ZOBEL, ROBERT L 1476 STRASBURG DRIVE PORT CHARLOTTE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZOBEL, LAURIE 1476 STRASBURG DRIVE PORT CHARLOTTE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000093799 03/22/04-80033-019 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

12. 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 report or supplemental reports 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 life empowered.

SIGNATURE:  **ROBERT L. ZOBEL PRES**
3/18/04 941 627-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #