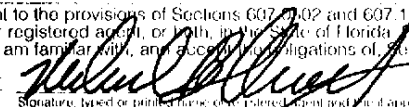
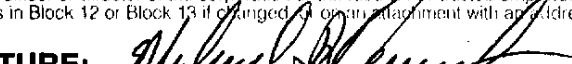


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V53564 (3)			
1. Corporation Name BELLMANN ASSOCIATES, INC.			
Principal Place of Business 01000 OVERSEAS HIGHWAY SUITE 203 ISLAMORADA FL 33036		Mailing Address P O BOX 1920 SUITE 203 ISLAMORADA FL 33036-1920 US	
2. Principal Place of Business 21 212 TARPON ST Suite, Apt. #, etc. 22 TAVERNIER FL City & State 23 Zip 24 33070 Country 25 MONROE		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	
9. Name and Address of Current Registered Agent KENNEDY, MICHAEL B 01000 OVERSEAS HWY SUITE 203 ISLAMORADA FL 33036		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 212 TARPON ST. 83 84 City TAVERNIER FL 85 Zip Code 33070	
11. Pursuant to the provisions of Sections 607.002 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  MICHAEL B. KENNEDY 31 DECEMBER 1996 Signature, typed or printed name of registered agent and his or her address (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS TITLE D NAME KENNEDY, MICHAEL B STREET ADDRESS 01000 OVERSEAS HIGHWAY CITY-ST-ZIP ISLAMORADA 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 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE ☒ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 212 TARPON ST. 1.4 CITY-ST-ZIP TAVERNIER FL 33036 2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. I do 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 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 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 12 or Block 13 if changed or on an attachment with an address. SIGNATURE:  31 DECEMBER 1996 200 000 0000			



CR2E034 (9/96)