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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

P96000065386 (0)

I A BELL, INC.

Principal Place of Business

Mailing Address

RT. 2 BOX 1127 WILLISTON FL 32696 RT. 2 BOX 1127

WILLISTON FL 32696-9446

FILED Jun 18 1997 8:00am Secretary of State



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				3. Date Incorporated or Qualified 3a. Date of Last Report 08/05/1996	
	ONE 175th AV	2a. Mailing Address	JETA AN	4. FEI Number Applied For Applied For	
	ONE 175" AV	26 2550 NE 1	10 110	59-3310685 Not Applicable	
Suite, Apt.	#, Otc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required	
City & State	ISTON FL.	City & State Williston	FL	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip 24 324	96 25 USA	29 32696 3	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent	
FUGATE, NORM 81 Name					
A DE LA SÉMILA ALMANDA DE SALA ALMANDADO AL LINDO				82 Street Address (P.O. Box Number is Not Acceptable)	
WILLISTON FL 32898					
			83		
<u> </u>			84 City	■■ 85 Zip Code	
ĺ			,	FL ``	
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 Storeture, typed or printed name of registrated agont and title if applicable (NOTE Registered Agent signature required when renotating) OATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		DELETE	1.1 TOLE	Change XX Addition	
NAME			1.2 NAMÉ	President/Secretary	
STREET ADDRESS			1.3 STREET ADDRESS	Ida A. Bell	
CITY-ST-ZIP			1.4 CITY - \$1 - ZIP	2550 NE 175th Ave.	
TITLE	DELETE		2.1 TITLE	Williston, Florida 32696 ☐ Change ☐ Addition	
NAME :			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS	s	
CITY-ST-ZIP			2. 4 C(1Y - S1 - Z)P		
TITLE		☐ DELFTE	3.1 TITLE	Change Addition	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS	s	
CITY - ST - ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition	
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRÉS	s	
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE	Change Addition	
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRES	s	
CITY-ST-ZIP			5.4 Off Y - S1 - ZiP		
TITLE		DELETE	61 TITLE	Change Addition	
NAME			6.2 NAME		
STREET ADDRESS	70 77		63 STREET ADDRES	s Į	
CITY-\$T-ZIP	:		6.4 CITY- S3 - ZIP		
: :				-t-t-d in Contine 440 07/03/3 Claside Classica I forther position that the	

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 eceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block nged, or on an attachment with an address.