

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

FILED
May 19, 1999 8:00 am
Secretary of State

05-19-1999 90015 001 *2,850.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # J38722

1. Corporation Name
KALJE BELLE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**4600 46TH AVE
 PO BOX 276
 CORTEZ FL 34215**

Mailing Address
**4600 46TH AVE
 PO BOX 276
 CORTEZ FL 34215**

3. Date Incorporated or Qualified
10/17/1986

4. FEI Number
59-2819958

Applied For
 Not Applicable

2. Principal Place of Business
 21

2a. Mailing Address
 26

5. Certificate of Status Desired **\$8.75** Additional Fee Required

Suite, Apt. #, etc.
 22

Suite, Apt. #, etc.
 27

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

City & State
 23

City & State
 28

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

Zip Country
 24 25

Zip Country
 29 30

9. Name and Address of Current Registered Agent

**BELL, DOUGLAS
 8708 50 AVE W
 BRADENTON FL 34210**

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	BELL, WALTER T.	
STREET ADDRESS	12115 45TH AVE, W	
CITY-ST-ZIP	CORTEZ FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BELL, CALVIN E.	
STREET ADDRESS	12115 45TH AVE, W	
CITY-ST-ZIP	CORTEZ FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BELL, CARL DOUGLAS	
STREET ADDRESS	8708 50TH AVE, W.	
CITY-ST-ZIP	BRADENTON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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, with all other like empowered.

SIGNATURE: Walter Bell Date: 4/30/99 Daytime Phone #: 941-794-1249

CR2E034 (1/98)