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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J38732

1. Corporation Name

KAREN J. BELLE, INC.

Principal Place	of Business	Mailing Address					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4600 46TH AVE 4600 46TH AVE							
PO BOX 276 PO BOX 276					DO NOT WRITE IN T	HIS SPACE	
CORTEZ FL 342	215	CORTEZ FL 34215			3. Date Incorporated or Qualifed	IIO OFAGE	
					10/17/1986		
2. Principal Place of Business 2a. Mailing Address					4, FEI Number	Anı	plied For
2. Principat Place of Business		-		59-2819955	Not Applicable		
Suite, Apt. #, etc:		Suite, Apt. #, etc.		\$8.75 Additional			
_		27			5. Certifcate of Status Desired	Fee Red	
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	-
Zip Country		Zip Country		8. This corporation owes the current year	r Intangible		
24	25	29 3	0		Personal Property Tax.		□No
<u></u>	9. Name and Address of Cu				10. Name and Address of New Register	red Agent	
		-	81	Name			
	., DOUGLAS		82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
	50TH AVE.W.			Judet Audi	ess (F.O. Box Hamber is Not Acceptable)		
BRAI	DENTON FL 34210		83				_
			84	City		85 Zip C	'ode
			04	City		=L 83 240	,000
agent. I a	m familiar with, and accept the of Signature, typed or printed name of registere	d agent and title if applicable. (NOTE: R	egistered Agen	it signature require			
12.		S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	P	☐ DELETE	1.1 TITLE			☐ Citalige	
NAME	BELL, WALTER T.		1.2 NAME				
STREET ADDRESS	12115 45 AVE W		1.3 STREET ADDRESS				
CITY-ST-ZIP	CORTEZ FL		1.4 CITY-ST-ZIP			☐ Change	
TITLE	V	☐ DELETE	2.1 TITLE			☐ Citalige	<u> Д</u> жаааа
NAME	BELL, CALVIN E.		2.2 NAME				
STREET ADDRESS	12115 45 AVE W		2.3 STREET				
CITY-ST-ZIP	CORTEZ FL		2.4 CITY-S	T-ZIP		☐ Change	Addition
TITLE	7	☐ DELETE	3.1 TITLE			Change	
NAME	BELL, CARL D.		3.2 NAME				
STREET ADDRESS	8708 50 AVE W		3.3 STREET	ŀ			
CITY-ST-ZIP	BRADENTON FL		3.4. CITY-S	IT-ZIP		Change	Addition
TITLE		☐ DELETE	4.1 TITLE			□ Citalige	L_I Addicon
NAME			4. 2 NAME	İ			
STREET ADDRESS			4.3 STREET				
City-St-ZIP				T-ZIP		☐ Change	☐ Addition
TITLE			5.1 TITLE 5.2 NAME			∴ ouride	
NAME				LADDOESS			
STREET ADDRESS			5.3 STREET				
CITY-ST-ZIP			5.4 CITY-S' 6.1 TITLE	1-417		☐ Change	Addition
TITLE		□ perei¢	6.2 NAME				

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 principles empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

941 794 1249