

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 271739 (5)

1. Corporation Name
BEAR'S DEN GROVE, INC.



Principal Place of Business: 505 AVE. 'A' N.W., SUITE 306, P O BOX 1112, WINTER HAVEN FL 33882-1112
Mailing Address: 505 AVE. 'A' N.W., SUITE 306, P O BOX 1112, WINTER HAVEN FL 33882-1112

3. Date Incorporated or Qualified: 07/10/1963
3a. Date of Last Report: 04/19/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) Suite 209
City & State (23)
Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) Suite 209
City & State (28)
Zip (29) Country (30)

4. FEI Number (4) 59-1010032
Applied For () Not Applicable ()
5. Certificate of Status Desired () \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution () \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes () Yes () No

9. Name and Address of Current Registered Agent: RALEY, WILLIAM L, 505 AVE. 'A' N.W., SUITE 306, WINTER HAVEN FL 33882
10. Name and Address of New Registered Agent (81) Name, (82) Street Address, (83), (84) City, (85) Zip Code: 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: RALEY, WILLIAM L.	1.1 TITLE:	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 505 AVE. 'A' N.W. #306	CITY-ST-ZIP: WINTER HAVEN, FL 00000	1.2 NAME:	1.3 STREET ADDRESS: 505 Ave A, NW Suite 209
CITY-ST-ZIP:		1.4 CITY-ST-ZIP:	
TITLE: VD	NAME: RALEY, THELMA C.	2.1 TITLE:	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 505 AVE. 'A' N.W. #306	CITY-ST-ZIP: WINTER HAVEN, FL 00000	2.2 NAME:	2.3 STREET ADDRESS: 505 Ave A, NW Suite 209
CITY-ST-ZIP:		2.4 CITY-ST-ZIP:	
TITLE: STD	NAME: RALEY, LINDSAY W., JR.	3.1 TITLE:	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 505 AVE. 'A' N.W. #306	CITY-ST-ZIP: WINTER HAVEN, FL 00000	3.2 NAME:	3.3 STREET ADDRESS: 505 Ave A, NW Suite 209
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	
TITLE: VD	NAME: RALEY, FRANCIS	4.1 TITLE:	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 505 AVE. 'A' N.W. #306	CITY-ST-ZIP: WINTER HAVEN FL	4.2 NAME:	4.3 STREET ADDRESS: 505 Ave A, NW Suite 209
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE:	NAME:	5.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS:		5.2 NAME:	5.3 STREET ADDRESS:
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS:		6.2 NAME:	6.3 STREET ADDRESS:
CITY-ST-ZIP:		6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *William L. Riley* (Signature and typed name of signing officer or director)
Date: 4/22/96 Daytime Phone #: 941-294-7523

CR2E034 (12/95)