

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P95000090230 (0)**

1. Corporation Name

**SARA'S BEARS & GIFTS, II, INC.**



Principal Place of Business

Mailing Address

**.1652 TAYLOR RD  
PT ORANGE FL 32124**

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PT ORANGE FL 32124**

3. Date Incorporated or Qualified <b>11/20/1995</b>	3a. Date of Last Report
4. FEI Number <b>59-3363293</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.039 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WELLS, SYLVAN A  
618 N WILD OLIVE AVE  
DAYTONA BEACH FL 32118**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 type for principal office of registered agent (if applicable)

(NOTE: Registered Agent signature required when re-registering)

EATL

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
D	WELLS, SYLVAN A	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	618 N WILD OLIVE AVE	13 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	14 CITY-ST-ZIP	
D	WELLS, SALLY A	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	618 N WILD OLIVE AVE	21 TITLE	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	22 NAME	
D	CROMARTIE, R. SAMUEL	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	236 JOHN ANDERSON DR	23 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32176	24 CITY-ST-ZIP	
D	CROMARTIE, R. SAMUEL	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	236 JOHN ANDERSON DR	31 TITLE	
CITY-ST-ZIP	ORMOND BEACH FL 32176	32 NAME	
<input type="checkbox"/> DELETE		33 STREET ADDRESS	
<input type="checkbox"/> DELETE		34 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		41 TITLE	
<input type="checkbox"/> DELETE		42 NAME	
<input type="checkbox"/> DELETE		43 STREET ADDRESS	
<input type="checkbox"/> DELETE		44 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		51 TITLE	
<input type="checkbox"/> DELETE		52 NAME	
<input type="checkbox"/> DELETE		53 STREET ADDRESS	
<input type="checkbox"/> DELETE		54 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		61 TITLE	
<input type="checkbox"/> DELETE		62 NAME	
<input type="checkbox"/> DELETE		63 STREET ADDRESS	
<input type="checkbox"/> DELETE		64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Sally A. Wells, Pres.*

7-31-96

(904) 673-7272

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone #

CR2E034 (3/96)