


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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90140 011 ***158.75

0475682

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P98000004331

1. Corporation Name
2 BEARS, INC.

Principal Place of Business 306 DEGAS DRIVE NOKOMIS FL 34275-1317	Mailing Address 306 DEGAS DRIVE NOKOMIS FL 34275-1317
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/05/1998	
21	22	26	27	4. FEI Number 65-0806380	Applied For Not Applicable
23		28		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HAY, KATHY
 106 WOODINGHAM DR
 VENICE FL 34292

10. Name and Address of New Registered Agent

81 Name **C. COOPER**

82 Street Address (P.O. Box Number is Not Acceptable)
306 DEGAS DRIVE

83

84 City **NOKOMIS** FL 85 Zip Code **34275**

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] **PRESIDENT** **2-2-99** DATE

Signature type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	C. COOPER
STREET ADDRESS		1.3 STREET ADDRESS	306 DEGAS DRIVE
CITY-ST-ZIP		1.4 CITY-ST-ZIP	NOKOMIS FL 34275
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	ALLEN COOPER
STREET ADDRESS		2.3 STREET ADDRESS	306 DEGAS DRIVE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	NOKOMIS FL 34275
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	DON HAY
STREET ADDRESS		3.3 STREET ADDRESS	106 WOODINGHAM DRIVE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	VENICE FL 34292
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	KATHY HAY
STREET ADDRESS		4.3 STREET ADDRESS	106 WOODINGHAM DRIVE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	VENICE FL 34292
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: [Signature] **PRESIDENT** **2-2-99** DATE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/198)