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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

May 08 1997 8:00am

Secretary of State

DOCUMENT # 683561

(5)

GOOD BEAR VENTURES, INC.

Principal Place of Business		Mailing Address			
12567 NE 7TH AVE N MIAMI FL 33161		12567 NE 7TH AVE N MIAMI FL 33161-4811			
				3. Date Incorporated or Qualified 09/29/1980	3a. Date of Last Report 05/21/1996
2. Principal P	face of Business	2a. Mailing Address		4. FEt Number 59-2053248	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	#14.N g	5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State	6	City & State	· · · · · · · · · · · · · · · · · · ·	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zφ	Country 30	8. This corporation has liability for Florida Statutes	intringible tax under s. 199.032, Yes
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
JACOBI, ALLEN L. 81 Name					
1313 N.E. 125TH STREET			82 Street Add	dress (P.O. Box Number is Not Acceptal	ole)
NOF	rth Miami Fl		83		
			63		
			84 City	THE PROPERTY OF THE PROPERTY O	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statute	es, the above-named cor	rogration submits this statement for the r	
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 tire if applicable (NO1t	. Registered Agent signature requ	rred when reinstating)	DATE
12.	OFFICERS AND		18.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PVD	☐ DELETE	1) THLE		Change Addition
NAME	MANN, MELVIN R.		1.2 NAME		
STREET ADDRESS	10520 S.W. 139TH AVENUE MIAMI FL		1.8 STREET ADDRESS		
CITY-ST-ZIP TITLE	STD	DELETE	1.4 CHTY-ST-ZIP 2.1 TITLE		Change Addition
NAME	JACOBI, ALLEN L.	F. DETERT	2 2 NAME		
STREET ADDRESS	1313 N.E. 125TH STREET		2 9 STREET ADDRESS	•	
CITY-ST-ZIP	NORTH MIAMI FL		2.4 City-St-26P		
TITLE		DELETE	3.1 1ITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3 \$ STREET ADDRESS		
CITY-ST-ZIP			3.≹. CITY+\$1+2(P		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 12 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.≰ CHTY - ST - ZIF		
TITLE		☐ DELFTE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CHY-ST-ZIP		
TITLE		☐ DELETE	6.1 TALE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

6.5 CITY-S1-ZIP

14. I do 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 reports, or trusted emptivered 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 attackment with an address.