

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jun 07, 1999 8:00 am  
Secretary of State

06-07-1999 90018 008 \*\*\*550.00

DOCUMENT # G19882

1. Corporation Name  
CHIEF BIG BEAR, INC.

Principal Place of Business  
PO BOX 31  
P.O. BOX 31  
PALM BCH FL 33480  
US

Mailing Address  
P.O. BOX 31  
P.O. BOX 31  
PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/24/1983

4. FEI Number

59-2380408

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KUMPE, WALTHER R G  
147 SEABREEZ AVENUE  
PALM BCH FL 33480

81 Name KUMPE, WALTER R.G.

82 Street Address (P.O. Box Number is Not Acceptable)  
168 SEASPRAY AVENUE

83 PALM BEACH, FLORIDA 33480

84 City FL 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.

JUNE1, 1999

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSC ☐ DELETE  
NAME KUMPE, WALTER R G  
STREET ADDRESS 411 SOUTH COUNTY ROAD  
CITY-ST-ZIP PALM BCH, FL 00000 33480

11 TITLE P/S/C ☒ Change ☐ Addition  
12 NAME KUMPE, WALTER R.G.  
13 STREET ADDRESS 205 WORTH AVE., SUITE 210  
14 CITY-ST-ZIP PALM BEACH, FLORIDA 33480

TITLE D ☐ DELETE  
NAME KUMPE, SIGRID  
STREET ADDRESS 147 SEABREEZE AVE.  
CITY-ST-ZIP PALM BCH FL

21 TITLE D ☒ Change ☐ Addition  
22 NAME KUMPE, SIGRID  
23 STREET ADDRESS 168 SEASPRAY AVENUE  
24 CITY-ST-ZIP PALM BEACH, FLORIDA 33480

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGRID KUMPE, DIRECTOR (561)832-3529

Date

Daytime Phone #

CR2E034 (11/98)