SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. **FILED** AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) PROFIT Sep 17 1997 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1997 **DIVISION OF CORPORATIONS** DOCUMENT # (5) G98189 TED E. BEAR'S STUFF, INC. Principal Place of Business Mailing Address 401 BISCAYNE BLVD., #S136 401 BISCAYNE BLVD., #\$136 MIAMI FL 33132 MIAM! FL 33132 3. Date Incorporated or Qualified 04/17/1984 2. Principal Place of Business Mailing Address 4. FEI Number 900 NW 186 St. 26 59-2472526 Sulte, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 27 22 City & State 6. Election Campaign Financing a 23 Trust Fund Contribution Ζip 24 25 29

MIAZGOWICZ, F. JEAN 7900 NW 185 ST.

MIAMI FL 33015

DO NOT WRITE IN THIS SPACE 3a. Date of Last Report 07/02/1996 Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible 🚜 Yes Personal Property Tax due June 30. 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

82

83 84 City

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstailing) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Addition MIAZGOWICZ, F. JEAN NAME 1.2 NAME 7900 NW 185 ST. STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33015** CITY-ST-ZIP 1.4 CITY-ST-7IP DELETE Change noitibtA TITLE 2.1 TITLE AULT, FRANCES L. P. NAME 2.2 NAME 18441 NW 79 CT. STREET ADDRESS 23 STREET ADDRESS **MIAMI FL 33015** CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 31 TITLE ☐ Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE ☐ Change ■ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 5.1 TITLE NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY-ST-7/P

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 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.

AC 2044 Or