


FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1997 8:00am  
Secretary of State

|   |                            |  |  |   |  |
|---|----------------------------|--|--|---|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1997  |                            |         |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS  |  |
| DOCUMENT # N41429 (4)<br>1. Corporation Name<br>THE TEDDY BEAR MUSEUM OF NAPLES, INC.   |                            |  |  |   |  |
| Principal Place of Business<br>2511 PINE RIDGE RD.<br>NAPLES FL 33942   |                            | Mailing Address<br>2511 PINE RIDGE RD.<br>NAPLES FL 34109-5971                           |  |   |  |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country<br>24   |                            | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country<br>29 |  | 3. Date Incorporated or Qualified<br>12/26/1990<br>3a. Date of Last Report<br>02/21/1996<br>4. FEI Number<br>65-0230494<br>Applied For<br>Not Applicable<br>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required<br>6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees<br>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 9. Name and Address of Current Registered Agent<br>WESTMAN, CARL<br>3003 TAMiami TRAIL NORTH<br>SUITE 270<br>NAPLES FL 33940  |                            |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City FL 85 Zip Code |   |  |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.   |                            |  |  |   |  |
| SIGNATURE _____<br>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   | D                          | DELETED  | 1.1 TITLE  | See attached <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | HAYES, FRANCES PEW         |  | 1.2 NAME   |   |  |
| STREET ADDRESS  | 2511 PINE RIDGE ROAD       |  | 1.3 STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | NAPLES FL                  |  | 1.4 CITY-ST-ZIP  |   |  |
| TITLE   | D                          | DELETED  | 2.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME  | WILSON, ROBERT L           |  | 2.2 NAME   |   |  |
| STREET ADDRESS  | 4001 TAMiami TR N          |  | 2.3 STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | NAPLES FL                  |  | 2.4 CITY-ST-ZIP  |   |  |
| TITLE   | D                          | DELETED  | 3.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME  | WESTMAN, CARL E            |  | 3.2 NAME   |   |  |
| STREET ADDRESS  | 1952 CRAYTON RD            |  | 3.3 STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | NAPLES FL                  |  | 3.4 CITY-ST-ZIP  |   |  |
| TITLE   | D                          | DELETED  | 4.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME  | BLACK, GEORGE B JR         |  | 4.2 NAME   |   |  |
| STREET ADDRESS  | 2312 ELIZABETH CT          |  | 4.3 STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | NAPLES FL                  |  | 4.4 CITY-ST-ZIP  |   |  |
| TITLE   | D                          | DELETED  | 5.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME  | BLACK, J. HOWARD           |  | 5.2 NAME   |   |  |
| STREET ADDRESS  | 5550 HERON POINT DR., #905 |  | 5.3 STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | NAPLES FL 33963            |  | 5.4 CITY-ST-ZIP  |   |  |
| TITLE   | D                          | DELETED  | 6.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME  | SOLOMON, GENE R            |  | 6.2 NAME   |   |  |
| STREET ADDRESS  | 1342 COLONIAL BLVD #11     |  | 6.3 STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | FT MYERS FL                |  | 6.4 CITY-ST-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 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: _____<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                            |  | 4/22/97 598-2711<br>Date Daytime Phone # 0069787   |   |  |

CR2E037 (9/96)