

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90130 005 ****61.25

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DOCUMENT # N97000001487

1. Corporation Name
SOJOURN BEAR, INC.

Principal Place of Business
239 NAUTILUS WAY
TREASURE ISLAND FL 33706

Mailing Address
239 NAUTILUS WAY
TREASURE ISLAND FL 33706



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/17/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		31-1469226	
City & State		City & State		5. Certificate of Status Desired	
23		28		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BURLEW, JAN S 239 NAUTILUS WAY TREASURE ISLAND FL 33706				81 Name	
				82 Street Address (P.O. Box: Number is Not Acceptable)	
				83	
				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		Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	D	<input type="checkbox"/> DELETE			
NAME	BURLEW, JAN S				
STREET ADDRESS	239 NAUTILUS WAY				
CITY-ST-ZIP	TREASURE ISLAND FL 33706				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	CARNES, SHEILA				
STREET ADDRESS	3940 BELLE VUE VISTA DR E				
CITY-ST-ZIP	ST PETERSBURG FL 33706				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	POSTLETHAULT, LILLIAN				
STREET ADDRESS	661 POINSETTIA AVE., APT. 307				
CITY-ST-ZIP	CLEARWATER BEACH FL 34630				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with a I other like empowered.

SIGNATURE: *Jan S. Burlew* 4-26-99 727-3603175
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)