


AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$100)

**FILED**  
**Aug 30, 1999 8:00 am**  
**Secretary of State**

08-30-1999 90012 048 \*\*\*550.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>																																																																																																																																																	
<b>DOCUMENT # P02147</b> 1. Corporation Name <b>AIR BEAR, INC.</b>																																																																																																																																																			
Principal Place of Business <b>11780 US HWY #1 STE #400</b> <b>NORTH PALM BEACH FL 33408</b>		Mailing Address <b>11780 US HWY #1 STE #400</b> <b>NORTH PALM BEACH FL 33408</b>																																																																																																																																																	
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30																																																																																																																																																	
3. Date Incorporated or Qualified <b>05/23/1984</b>		4. FEI Number <b>59-2363967</b>																																																																																																																																																	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																																	
7. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Name and Address of Current Registered Agent <b>FLEMING, MAILE &amp; SHAW, P.A.</b> <b>11780 U.S. HIGHWAY #1</b> <b>SUITE 300</b> <b>N. PALM BEACH FL 33408</b>																																																																																																																																																	
9. Name and Address of New Registered Agent 81 Name <b>FHS CORORATE SERVICES, INC.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>11780 U.S. Highway #1</b> 83 <b>Suite 300</b> 84 City <b>North Palm Beach, FL</b> 85 Zip Code <b>33408</b>		10. Name and Address of New Registered Agent 81 Name <b>FHS CORORATE SERVICES, INC.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>11780 U.S. Highway #1</b> 83 <b>Suite 300</b> 84 City <b>North Palm Beach, FL</b> 85 Zip Code <b>33408</b>																																																																																																																																																	
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 <u>Oren S. Tasini</u> <b>Oren S. Tasini, its Vice President</b> <b>9-10-99</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																																			
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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. <b>SIGNATURE: Pat. Worman</b> <b>Secretary</b> <b>8-25-99</b> <b>(813) 627-8100</b> <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>																																																																																																																																																			

CR2E034 (5/99)