***FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
95 JUN 21 PM 12:20

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DOCUMENT # P94000012930

1. Corporation Name

BEARS, INC.

Principal Place of Business	Mailing Address
908 Fleming Street Key West, FL 33040	908 Fleming Street Key West, FL 33040

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 2/16/94
3a. Date of Last Report: N/A

2. Principal Place of Business
21: 513 Whitehead St.
Suite, Apt. #, etc. 22: Side
City & State 23: Key West, FL
Zip 24: 33040 Country 25: Monroe

2a. Mailing Address
26: 513 Whitehead St.
Suite, Apt. #, etc. 27: Side
City & State 28: Key West, FL 33040
Zip 29: 33040 Country 30: Monroe

4. FEI Number: 65-058364 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ALAN ECKSTEIN, ESQUIRE
1407 Leon Street
Key West, FL 33040

10. Name and Address of New Registered Agent

81 Name: MICHAEL R. BARNES, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 513 Whitehead Street
83
84 City: Key West FL 85 Zip Code: 33040

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: ✓ 6-12-95
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	Director	11 TITLE	Director/President/Treas. ☒ Change ☐ Addition
NAME	DANIEL J. WARD	12 NAME	Peter G. Wray
STREET ADDRESS	908 Fleming Street	13 STREET ADDRESS	513 Whitehead St. - Side
CITY-ST-ZIP	Key West, FL 33040	14 CITY-ST-ZIP	Key West, FL 33040
TITLE		21 TITLE	Vice-Pres./Chairman of Bd. ☐ Change ☒ Addition
NAME		22 NAME	Robert Kramer
STREET ADDRESS		23 STREET ADDRESS	615 Elizabeth St.
CITY-ST-ZIP		24 CITY-ST-ZIP	Key West, FL 33040
TITLE		31 TITLE	2nd Vice-Pres./Secretary ☐ Change ☒ Addition
NAME		32 NAME	Terry Echols
STREET ADDRESS		33 STREET ADDRESS	1600 Bertha St., #4
CITY-ST-ZIP		34 CITY-ST-ZIP	Key West, FL 33040
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	TLL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Peter G. Wray 6/9/95 305/293-7872
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #