

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN -8 AM 10:10

DOCUMENT # P94000029585 (4)

1. Corporation Name
TOO BEARS, INC.

Principal Place of Business

2651 S.W. 54TH ST.
FORT LAUDERDALE FL 33312

Mailing Address

2651 S.W. 54TH ST.
FORT LAUDERDALE FL 33312

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
04/18/1994

3a. Date of Last Report

2. Principal Place of Business

21 **677 N Federal Hwy**

Suite, Apt. #, etc.

22 **Pompano Beach, Fl 33062**

City & State

23

Zip

24 **33062**

County

25 **Broward**

2a. Mailing Address

26 **2651 SW 54 ST**

Suite, Apt. #, etc.

27 **Fort Lauderdale Fl**

City & State

28

Zip

29 **33312**

County

30 **Broward**

4. FEI Number

65-0546673

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 intangibles tax under S. 195.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**ARATARE, LOUISE
2651 S.W. 54TH ST.
FORT LAUDERDALE FL 33312**

10. Name and Address of New Registered Agent

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 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

Louise Aratare

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	ARATARE, LOUISE
STREET ADDRESS	2651 S.W. 54TH ST.
CITY - ST - ZIP	FORT LAUDERDALE FL 33312
TITLE	DV
NAME	ARATARE, PETER A
STREET ADDRESS	2651 S.W. 54TH ST.
CITY - ST - ZIP	FORT LAUDERDALE FL 33312
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(3)(k), 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:

Louise Aratare

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

964-9827

Signature Printing