FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

CR2E034 (12/95)

DOCUMENT # P94000046297 (5)

1. Corporation Name

SILVER BEARE TRAVEL, INC.

Principal Place of Business	Mailing Address
303 N. MAIN STREET HAVANA FL 32333	303 N. MAIN STREET HAVANA FL 32333

3. Date Incorporated or Qualified: **06/21/1994**
3a. Date of Last Report: **03/29/1995**
4. FEI Number: **59-3259652** ☐ 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

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

9. **Name and Address of Current Registered Agent**

BEARE, RICHARD A
RT 3, BOX 786
HAVANA FL 32333

10. **Name and Address of New Registered Agent**

81 Name: Muriel A. Nikki Beare
82 Street Address (P.O. Box Number is Not Acceptable): Rt 3, Box 786
83
84 City: Havana FL 85 Zip Code: 32333

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: *Muriel A. Nikki Beare, President* Date: *1-23-96*

12. OFFICERS AND DIRECTORS

TITLE	PSTD	☐ DELETE
NAME	BEARE, RICHARD A	
STREET ADDRESS	ROUTE 3, BOX 786	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE	VD	☐ DELETE
NAME	BEARE, SANDRA L	
STREET ADDRESS	ROUTE 3, BOX 786	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE	PTD	☐ DELETE
NAME	Muriel A. Nikki Beare	
STREET ADDRESS	Rt 3, Box 786	
CITY-ST-ZIP	Havana FL 32333	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1-1 TITLE	VDS	XX Change ☐ Addition
1-2 NAME	RICHARD A. BEARE	
1-3 STREET ADDRESS	Rt 3, Box 786	
1-4 CITY-ST-ZIP	Havana FL 32333	
2-1 TITLE		☐ Change ☐ Addition
2-2 NAME		
2-3 STREET ADDRESS		
2-4 CITY-ST-ZIP		
3-1 TITLE		☐ Change XX 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 119.07(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: *Muriel A. Nikki Beare* *1/23/96* *(904) 539-1199*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #