FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT#**

FILED Mar 10 1998 8:00am Secretary of State

1. Corporatio	n Name R BEARE TRAN	ÆL, INC.	0040	297 (5)	,						
Principal Place of Business Mailing Address							***	L 4005/1201 LTZ OD415 B\$O11 BO1(1 BO1(1)	Br ok Pa ki Dif	IB ALLINE IZDIA IA	INI NOBI NOBI
303 N. MAIN STREET 303 N. MAIN STREET											
HAVANA FL 32333 HAVANA FL 32333								DO NOT WRITE IN THIS SPACE			
								3. Date Incorporated or Qualified			
								06/21/1994			}
2. Principal P	lace of Business	26. Mailing Address					4. FEI Number		Ar	plied For	
21			26					59-3259652		No	t Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional	
22 City & Stat		City & State				 	 			equired	
23	e	28			Election Campaign Financing Trust Fund Contribution		\$5.00 Added	May Be to Fees			
Zip	Country			Zip Cou				8. This corporation owes or has paid the current year			
24	25		29					Personal Property Tax due June 30. Yes		No	
	9. Name and A	ddress of Curren	t Registere	d Agent		: . r		10. Name and Address of New F	egistered a	Agent	
BEARE, MURIEL A. NIKK (B1	Name				ļ
RT 3, BOX 786						82	Street Add	ress (P.O. Box Number is Not Accepta	able)		
HAVANA FL 32333						83	 			·	
						84	City		FL	85 Zip	Code
11. Pursuant	to the provisions of	Sections 607.050	2 and 607.1	508, Florida Statu	tes, the ab	ove	-named cor	poration submits this statement for the		changing it	s registered
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 register 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 registere agent. I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes.											registered
SIGNATURE											
	Signature, typed or printer				L Angistered	Ager	nt signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFF	DATE	DIDECTOR	OC (N) 10
12.	VDS	OFFICERS AND	DIRECTO	DELETE	1.1 (11)	6	T"	ADDITIONS/CHANGES TO OFF	ICERS AND	Change	Addition
!	NAME BEARE, RICHARD A			12						Onninge	
STREET ADDRESS	ROUTE 3, BO	· · · · · · · · · · · · · · · · · · ·			- 1	ADDRESS				1	
CITY-ST-ZIP	444144444						- ZIP				
TITLE	VD QV			DELETE	2.1 7(7)					Change	Addition
NAME	BEARE, SAN				2.2 NAI	2.2 NAME					1
STREET ADDRESS				2			ADDRESS				Į
CITY-ST-ZIP							T-ZIP				
TITLE	PTD	Ama A 6111/1/		DELETE	3.1 TITE			•		Change	Addition
NAME	BEARE, MUR		3.21			-					*
STREET ADDRESS							ADDRESS				Ī
CITY+ST-ZIP TITLE	TRAVAUN FL						T-ZIP			Change	Addition
NAME				OLIGIE	4.1 TITL 4.2 NA					- Change	
STREET ADDRESS	1						ADDRESS				ļ
CITY-ST-ZIP					4.4 CIT						
TITLE				DELETE	5.1 TITL					Change	Addition
NAME					5.2 NA	M E					1
STREET ADDRESS					5.3 STR	EET /	ADORESS]
CITY-ST-ZIP	·				5.4 CIT	Y-ST	- ZIP				
TITLE				DELETE	6.1 TITL	.E				☐ Change	Addition
NAME					6.2 NAA		l				
							ADDRESS				
C(TY-ST-ZIP					6.4 CIT	Y-ST	-ZIP				

14. Thereby 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 eath; 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 13 if changed, or on an attachment with an address.