

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90158 015 ***150.00

DOCUMENT # P94000067340

1. Corporation Name

THE BEARRIFIC BEAR FACTORY, INC.

Principal Place of Business

THE CONCORDE CENTRE II
2999 NE 191 STREET STE 400
AVENTURA FL 33180
US

Mailing Address

1820 N UNIVERSITY DR
PLANTATION FL 33322
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/09/1994

4. FEI Number

65-0516891

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 owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

WENDY C. GREY
12801 WEST SUNRISE BLVD.
STORE #709
SUNRISE FL 33323

10. Name and Address of New Registered Agent

81 Name ROBERT SMOLEY, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable) THE MIAMI CENTER, 17TH FLOOR
83 201 S. BISCAYNE BOULEVARD
84 City MIAMI FL 85 Zip Code 33131

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-20-99

12. OFFICERS AND DIRECTORS

TITLE PS
NAME GREY, WENDY C
STREET ADDRESS 1820 N UNIVERSITY DR
CITY-ST-ZIP PLANTATION FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PS
1.2 NAME GREY, WENDY C
1.3 STREET ADDRESS 1820 N UNIVERSITY DR
1.4 CITY-ST-ZIP PLANTATION FL

☒

Change

☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐

Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐

Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐

Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐

Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐

Change

☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)