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FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90046 010 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P95000022877

1. Corporation Name  
1060 BEAR ISLAND DRIVE CORPORATION

Principal Place of Business

20801 BISCAYNE BLVD., STE. 505  
ATTN: C. BRECKER  
AVENTURA FL 33180  
US

Mailing Address

20801 BISCAYNE BLVD., STE. 505  
ATTN: C. BRECKER  
AVENTURA FL 33180  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/21/1995

4. FEI Number

65-0652723

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

2. Principal Place of Business

21 3180 SOUTH OCEAN DRIVE

Suite, Apt. #, etc.

22 UNIT 714

City & State

23 HALLANDALE, FLORIDA

Zip

24 33009

Country

25 U.S.A.

2a. Mailing Address

26 3180 SOUTH OCEAN DRIVE

Suite, Apt. #, etc.

27 UNIT 714

City & State

28 HALLANDALE, FLORIDA

Zip

29 33009

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

BRECKER, CHARLES  
20801 BISCAYNE BLVD., SUITE 505  
AVENTURA FL 33180

10. Name and Address of New Registered Agent

81 Name

WALTER STASIW

82 Street Address (P.O. Box Number is Not Acceptable)

3180 SOUTH OCEAN DRIVE

83 UNIT 714

84 City

HALLANDALE

FL

85 Zip Code

33009

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

WALTER STASIW

APRIL 15, 1999

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME STASIW, WALTER

STREET ADDRESS 83 SIX POINT ROAD

CITY-ST-ZIP TORONTO, ONTARIO M8Z 2X3

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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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 ☐ 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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APRIL 15, 1999 (954) 455-3743

CR2E034 (11/98)