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

DOCUMENT # P95000054076

1. Corporation Name

THE BEAR MAN, INC.

Principal Place of Business	Mailing Address
92 RIVER DRIVE TEQUESTA FL 33469	P O BOX 39372 FT LAUDERDALE FL 33339

May 04, 1999 8:00 am Secretary of State

05-04-1999 90029 043 ***150.00



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Principal Place	e of Business	Mailing Address	3				· ···• ·			
92 RIVER DRIVI	E .	P O BOX 39372			Ì					
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		US			-	3 Date Incorp	orated or Qualifed	C III III II I	, noc	
	•					07/13/19				
2 Principal P	lace of Business	2a. Mailing Add	 ress			4. FEI Number			Apr	lied For
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Suite, Apt.	#, etc.	Suite, Apt. #	, etc.				,		\$8.75 A	dditional
22		27			j	5. Centroate of	Status Desired		Fee Re	quired
City & State	e	City & State				6, Election Car	npaign Financing		\$5.00	May Be
23		28			_	Trust Fund	Contribution		Added to	Fees
Zip	Country	Zip		untry		• •	tion owes the curre	-		٦
24	25	29				Personal Pr	<u> </u>			□No
	9. Name and Address of Current	Registered Agent		94			Address of New R	egisterea A	gent	
KI E	TT, RANDALL B			1 1 .	\mathcal{E}^{l}	Ric	(AWRE	NCE		
	2 MIDDLE RIVER DR			82 St	reet-Addres	ş (P.Ø. Box Num	per is Not Accepta	ible)	17	00
	AUDERDALE FL 33306			83		7×10^{-1}	- 1-eaux	<u>(, > c</u>	ure,	<u> </u>
	ADDENDALE I E GOOD			63						
				84 Ci	ty	LAADER	1006	FL	85 Zip C	ode 30€
				<u> </u>	7-7-	CHAISE	pre			
11. Pursuant office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	2 and 607.1508, Flor of Florida. Such char	ida Statutes, the a ide was authorize	above-nar	med corpora corporation's	ation submits this s board of direct	ors. I hereby accep	t the appoin	tment as reg	istered
agent. I a	m familias with and accept the obligati	ions of, Section 607.	0505, Florida Sta	tutes.	,			11	37 A	ا ہ
SIGNATURE	FIL:	clauremen	ac_					- Y	" Ut-7	2 \
40	Signature, typed or printed name of registered agent OFFICERS ANI		(NOTE: Registere		ature required w		CHANGES TO OFF	ICERS AND	DIRECTO	RS IN 12
12. TITLE	PD OFFICERS AND			TTLE	_	ADDITIONS	SHANGES 10 OLI	TOLITO / WAL	Change	Addition
NAME	KLETT, RANDALL B		-	AME	ŀ				~	_
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6.4 CITY-ST-ZIP 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: