

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

FILED

May 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000068291 (0)

1. Corporation Name  
BEARING TREASURES, INC.

Principal Place of Business  
265 S. FEDERAL HWY. #309  
DEERFIELD FL 33441

Mailing Address  
265 S. FEDERAL HWY. #309  
DEERFIELD FL 33441-4161



3. Date Incorporated or Qualified  
09/05/1995

3a. Date of Last Report  
03/07/1996

2. Principal Place of Business  
21 6574 North St. Rd. 7  
Suite, Apt. #, etc. Suite 143  
22 City & State COCONUT CREEK FL.  
23 Zip 33073 Country USA  
24 33073 25 USA 26 6574 North St. Rd. 7  
Suite, Apt. #, etc. Suite 143  
27 City & State COCONUT CREEK FL.  
28 Zip 33073 Country USA  
29 33073 30 USA

4. FEI Number  
65-0609040

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

g. Name and Address of Current Registered Agent

SILBER, G  
265 S FEDERAL HWY SUITE 309  
DEERFIELD FL 33441

10. Name and Address of New Registered Agent

81 Name G. Silber  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 6574 North St. Rd. 7 Suite 143  
84 City COCONUT CREEK FL 85 Zip Code 33073

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 G. Silber Pres (NOTE: Registered Agent signature required when reinstating) DATE 4-29-97

12. OFFICERS AND DIRECTORS

| TITLE | NAME         | STREET ADDRESS           | CITY-ST-ZIP        | DELETE                   |
|-------|--------------|--------------------------|--------------------|--------------------------|
| D     | SILBER, GARY | 265 S. FEDERAL HWY. #309 | DEERFIELD FL 33441 | <input type="checkbox"/> |
|       |              |                          |                    | <input type="checkbox"/> |
|       |              |                          |                    | <input type="checkbox"/> |
|       |              |                          |                    | <input type="checkbox"/> |
|       |              |                          |                    | <input type="checkbox"/> |
|       |              |                          |                    | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE          | 1.2 NAME                       | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | Change                              | Addition                 |
|--------------------|--------------------------------|--------------------|-----------------|-------------------------------------|--------------------------|
|                    | 6574 North St. Rd. 7 Suite 143 | COCONUT CREEK, FL. | 33073           | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2.1 TITLE          |                                |                    |                 | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2.2 NAME           |                                |                    |                 | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2.3 STREET ADDRESS |                                |                    |                 | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2.4 CITY-ST-ZIP    |                                |                    |                 | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3.1 TITLE          |                                |                    |                 | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3.2 NAME           |                                |                    |                 | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3.3 STREET ADDRESS |                                |                    |                 | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3.4 CITY-ST-ZIP    |                                |                    |                 | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4.1 TITLE          |                                |                    |                 | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4.2 NAME           |                                |                    |                 | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4.3 STREET ADDRESS |                                |                    |                 | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4.4 CITY-ST-ZIP    |                                |                    |                 | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5.1 TITLE          |                                |                    |                 | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5.2 NAME           |                                |                    |                 | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5.3 STREET ADDRESS |                                |                    |                 | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5.4 CITY-ST-ZIP    |                                |                    |                 | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6.1 TITLE          |                                |                    |                 | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6.2 NAME           |                                |                    |                 | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6.3 STREET ADDRESS |                                |                    |                 | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6.4 CITY-ST-ZIP    |                                |                    |                 | <input type="checkbox"/>            | <input type="checkbox"/> |

14. I do 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.

SIGNATURE: G. Silber Pres. DATE 4-29-97 DAYTIME PHONE # 954 570-7440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

0322404

CR2E034 (9/96)