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Jan 22 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 # P96000000893 (3)

1. Corporation Name
CAROL STEWART'S CUSTOM TEDDY BEARS, INC.

Principal Place of Business

1285 SW 29TH STREET
PALM CITY FL 34990

Mailing Address

P. O. BOX 1307
STUART FL 34995-1307



3. Date Incorporated or Qualified
12/26/1995

3a. Date of Last Report
04/14/1996

4. FEI Number
65-0634017

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

2. Principal Place of Business

21 201 LONITA ST.

Suite, Apt. #, etc.

22

City & State

23 STUART FLORIDA

Zip

24 34994

Country

25 U.S.A.

2a. Mailing Address

26 P.O. Box 1307

Suite, Apt. #, etc.

27

City & State

28 STUART FLORIDA

Zip

29 34995-1307

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

STEWART, CAROL
1285 SW 29TH STREET
PALM CITY FL 34990

10. Name and Address of New Registered Agent

81 Name CAROL STEWART

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

201 LONITA ST.

83 STUART

84 City

FL

85 Zip Code
34994

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

Carol Stewart

1/13/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVST ☐ DELETE
NAME STEWART, CAROL
STREET ADDRESS 1285 SW 29TH STREET
CITY-ST-ZIP PALM CITY FL 34990

TITLE D ☐ DELETE
NAME STEWART, CAROL
STREET ADDRESS 1285 SW 29TH STREET
CITY-ST-ZIP PALM CITY FL 34990

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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: ☒ Carol Stewart REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/97

Date

(561) 781-0854

Daytime Phone #

CR2E034 (9/96)