

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

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

03-01-1999 90172 012 \*\*\*150.00

03-01-1999

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # P96000009549**

1. Corporation Name  
**ROBERT BEARS ENTERPRISES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 14152 63RD WAY N CLEARWATER FL 34620 US	Mailing Address 70 TURTLE CREEK CIRCLE OLDSMAR FL 34677 US
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3. Date Incorporated or Qualified  
**02/01/1996**

2. Principal Place of Business 21 <b>14152 63RD Way N</b>	2a. Mailing Address 26 <b>14152 63rd way</b>
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4. FEI Number <b>59-3361928</b>	Applied For Not Applicable
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Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

City & State 23 <b>Clearwater FL 33760</b>	City & State 28 <b>Clearwater FL</b>
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6. Election Campaign Financing Trust Fund Contribution  **-\$5.00** May Be Added to Fees

Zip 24 <b>33760</b>	Country 25 <b>Pinellas</b>	Zip 29 <b>33760</b>	Country 30 <b>Pinellas</b>
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8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**PEARSE, RICHARD L JR**  
**814 CHESTNUT STREET**  
**CLEARWATER FL 34616**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEARS, ROBERT R SR</b>	1.2 NAME	
STREET ADDRESS	<b>120 TURTLE CREEK CR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OLDSMAR FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEARS, ROBERT R JR</b>	2.2 NAME	
STREET ADDRESS	<b>70 TURTLE CREEK CR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OLDSMAR FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EDELMANN, GARY</b>	3.2 NAME	
STREET ADDRESS	<b>1948 NORTH FORK CIR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL 33760</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: SECRETARY 1-20-99 727-523-1981  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)