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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT

97 1997 AR

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

DOCUMENT # P96000025094 (9)

1. Corporation Name
BEARWARE, INC.

Principal Place of Business	Mailing Address
1671 NORTH DOLTON POINT CRYSTAL RIVER FL 34429	1671 NORTH DOLTON POINT CRYSTAL RIVER FL 34429-7551

3. Date Incorporated or Qualified: 03/11/1996 | 3a. State of Last Report:

2. Principal Place of Business
21: 5639 W Pine Cir
Suite, Apt. #, etc. 22:
City & State 23: Crystal River, FL
Zip 24: 34429 Country 25: US

2a. Mailing Address
26: 5639 W Pine Cir
Suite, Apt. #, etc. 27:
City & State 28: Crystal River, FL
Zip 29: 34429 Country 30: US

4. FEI Number: 59-3373380 ☐ 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

9. Name and Address of Current Registered Agent

LANGEMAYR, KURT T
1671 NORTH DOLTON POINT
CRYSTAL RIVER FL 34429

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 5639 W Pine Cir

83

84 City: Crystal River FL 85 Zip Code: 34429

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	LANGEMAYR, KURT T		1.2 NAME		
STREET ADDRESS	1671 NORTH DOLTON POINT		1.3 STREET ADDRESS	5639 W Pine Cir	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429		1.4 CITY-ST-ZIP	Crystal River, FL 34429	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS	800002344658--8	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	-11/12/97--01073--015 ****165.00 ****165.00	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS	800002344658--8	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	-11/12/97--01073--016 ****385.00 ****385.00	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: Kurt Langemayr 9/5/97 (352)795-7591