


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

APPROVED  
AND  
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99 AUG 24 PM 2:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katharine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 796000044184 (S)</b>					
1. Corporation Name <b>Black Bear, Inc.</b>					
Principal Place of Business <b>1450 Merrick Rd Lakeland, FL 33801</b>			Mailing Address <b>1450 Merrick Rd Lakeland, FL 33801</b>		
2. Principal Place of Business 21 <b>1450 Merrick Rd</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>1450 Merrick Rd</b> Suite, Apt. #, etc.		4. FEI Number <b>59-3391599</b>	
22 City & State <b>Lakeland, Florida</b>		27 City & State <b>Lakeland, Florida</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
23 Zip <b>33801</b>		28 Country <b>USA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
24 <b>33801</b>		25 <b>USA</b>		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>Tracey, James 1450 Merrick Rd Lakeland, FL 33801</b>					
10. Name and Address of New Registered Agent 81 Name <b>Tracey, James</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1450 Merrick Rd</b> 83 84 City <b>Lakeland</b> FL 85 Zip Code <b>33801</b>					
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 <b>James K. Tracey</b> DATE <b>5/23/99</b> (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Tracey, James 1450 Merrick Rd Lakeland, FL 33801</b>			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP <b>600002975276--7 -08/31/99--01086--020 \$150.00 \$150.00</b>		
2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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: **James K. Tracey**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/23/99** **561-762-0953**  
Date Daytime Phone #

CR2E034 (11/98)