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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 15 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000056618 (7)

TEN BEARS, INC.

SIGNATURE:

Principal Place of B	usiness	Mailing Address) INTIINTI 150 INITA MITIN ONIN SMILL SMILL SMIN BIIIN SLIIN SLIIN SLIM INDII INDII INDII			
768 43RD AVENUE NORTH ST. PETE. FL 33703			768 43RD AVENUE NORTH ST. PETE. FL 33703-4641						
						3. Date Incorporated or Qualified 07/01/1996	3a. D	ate of Last R	'eport
2. Principal Place of	of Business	2a. Mailing Address	- h			4. FEL Number		Ar	oplied For
21 SAME						59-320 1069			ot Applicable
Suite, Apt #, etc	;		Suite Apt. #, etc.			5. Certificate of Status Desired		•	Additional
22		27					<u> </u>		equired
City & State		City & State	/ ¬			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
23 Zip	Country					8. This corporation has liability for i			
24	25	29	30					No	. 100.002,
	Name and Address of Cu		1771	Γ		10. Name and Address of New Re	platered	Agent	
BAYNARD, RICHARD				81	Name				
	AVENUE NORTH			82	Street Add	ress (P.O. Box Number is Not Acceptab	le i		
ST. PETE	. FL 33703				- Carcol Add		,		
				83					
				84	City		FL	85 Zip	Code
11. Pursuant to the	provisions of Sections 607	0502 and 607 1508. Florida SI	tatutes, the al	bove	e-named corr	poration submits this statement for the p		f changing if	s registered
office or registe	ered agent, or both, in the S	tate of Florida, Such change v b igations of, Section 607.0505	vas authorize	d by	the corpora	tion's board of directors. I hereby accept	t the app	pointment as	registered
SIGNATURE Signat.	ire, tysed or printed name of registary	ti seperi tristitate di approvata d	(NOTE Ragistere	d Age	ent signature requi	rec when reinstating)	DATE		·
12.	▲ OFFICERS	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AN	D DIRECTOR	RS IN 12
TOTLE PR	esinent charon Bay 8-4300 ADE A ROBE, FC 33	DELETE	1,1 Ti	TLE				Change	Addition
NAME RO	shaleo n bay	onko, uk.	1.2 N	AME	Į				
Street address 76	8-4320 AVE A	J.	1.3 S	TREET	ADDRESS				
DITY-ST-ZIP	. Have, FC. 33	103		****	T-ZIP			<u></u>	····
TITLE		☐ DFLETE	1					Change	Addition
NAME			2.2 N						
STREET ADDRESS			1		ADDRESS				
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TITLE		ר"ו הנונונ						TI PLISTING	C) Vandania
NAME STORES ADDRESS			32 N		ADDRESS				
STREET ADDRESS					ADORESS ST-ZIP				
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NAME			4.24						
STREET ADDRESS					ADURESS				
CITY-SI-ZP			4.4 CI						
TITLE		DELETE					········	Change	Addition
NAME			5.2 N		}				
STREET ADDRESS			5.3 S	TREET	ADDRESS .				
CITY - ST - ZIP					5T - ZIP				
TITLE		DELFTE						Change	Addition
NAME			6.2 N	AME					
STREET ADDRESS			6.3 S	TREET	ADDRESS				
O(1) (C1 2)(0					er au				

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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name