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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P96000056618 (7)

TEN BEARS, INC.

FILED Feb 11 1998 8:00am Secretary of State

Company of the Company of the



Principal Place of Business Mailing Address					1 (BOLLBAL JUB IBALO BULLA BOLA) OBJUL BALUL BALUL	01110 01110 01181 11901 1011 1061
768 43RD AVENUE NORTH 768 43RD AVENUE NORTH ST. PETE. FL 33703 ST. PETE. FL 33703					DO NOT WRITE IN TH	S SPACE
					3. Date Incorporated or Qualified	
					07/01/1996	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21 26					59-3387069	Not Applicable
Sulte, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State					6. Election Campaign Financing	\$5.00 May Be
7in			Country		Trust Fund Contribution	Added to Fees
24	F		\vdash		 This corporation owes or has paid the operation of the Personal Property Tax due June 30. 	Yes No
24	24 25 29 30 30 9. Name and Address of Current Registered Agent				10. Name and Address of New Registers	
- DAI		The state of the s	8	1 Name	10. Humb and Addition of from Hogistore	- Agoint
BAYNARD, RICHARD 768 43RD AVENUE NORTH						
ST. PETE. FL 33703					Iress (P.O. Box Number is Not Acceptable)	
			8	3		
			8	4 City	F	B5 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						
				gent signature requi	ired when reinstating) DATE	
12.			13.	·	ADDITIONS/CHANGES TO OFFICERS A	
	•		1.1 TITLE			☐ Change ☐ Addition
NAME STREET LOODS OF	BAYNARD, RICHARD N. JR. DDRESS 768-4320 AVE. NORTH		1.2 NAM			
STREET ADDRESS	AT DETEROPHED EL			ET ADDRESS		į:
CITY-ST-ZIP TITLE	OI. PETENSOUNG PE			- ST- ZIP		Change Addition
NAME		L Deceme	2.1 TITLE 2.2 NAMI	ļ		C cuarite C vaccingt
STREET ADDRESS				ET ADDRESS		
			· ·			
CITY-ST-ZIP TITLE			2. 4 CITY 3.1 TITLE			Change Addition
NAME	C out		3.2 NAM	i		
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			3.4. CITY			
TITLE			4.1 TITLE			Change Addition
NAME			4. 2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			4.4 CITY-	I		
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME	j		
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			5.4 CITY	ı		
TITLE	——————————————————————————————————————		6.1 TITLE			Change Addition
NAME			6.2 NAME	Į.		C change L routeoff
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP		51 77 7 7 7 W	6.4 CITY	SI-ZIP	0 (10007010 5 1100	

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 logal effect as if made under oath; that I am an officer or director of the corporation or the past or or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in