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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000083481 (7)

BEAR LADY DISTRIBUTORS INC.

FILED May 20 1997 8:00am Secretary of State



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Principal Place	e of Business	Mailing Address			1 18811381 118 18118 21111 48111 23111 48111		. [[90991 1919	11 1101 4001
4650 SW 108 / FT. LAUDERDA		4650 SW 108 AVE. FT. LAUDERDALE FL 33328	-3221					
			:		3. Date Incorporated or Qualified 10/07/1996	3a. Date	of Last R	eport
2. Principal Pi	lace of Business	2a. Mailing Address	1	e	4. FEI Number	L	Ar	oplied For
	0 SW 108 AV	26 4650 SU	10	8 HV	65-07053	73	No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		· - · · ·	Additional
22		27						equired
City & State	T LAUD FL	City & State 28 FT LAUC	Fi		6. Election Campaign Financing Trust Fund Contribution			
Zip	Country	Zip	Count	ry A	8. This corporation has liability for in	ntangible ta		
24 33	328 25 Broward			roward		Yos [. 100.002.,
	9. Name and Address of Current				10. Name and Address of New Reg	istered Ag	ent	
BURKE, CHERYL B1 Na								
4050 OM 400 AVC					ddress (P.O. Box Number is Not Acceptable)			
	LAUDERDALE FL 33328		Street Address (F.O. Box Number is Not Acceptable)					
			. 8	3				
			8	4 City			85 Zip (Code
				1		FL		
11. Pursuant t	to the provisions of Sections 607.0502 egistered agent, or both, in the State o	and 607,1508, Florida Statute: f Florida, Such change was at	s, the about horized	ve-named corp- by the corporati	oration submits this statement for the p ion's board of directors. I hereby accep	urpose of ch tithe appoir	nanging it Inanging	s registered registered
agent I a	m familiar with and accept the obligation	ons of, Section 607.0505 I for	ida Statut	es.		t the appear		rogiotoroa
SIGNATURE	Signature, typed or profited name of registered agent	- pourue						
12.	Signature, typed or printed name of registered agent		Registered A	ger. I signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE DATE	IDECTÓR	C INI 20
TITLE	D OF TOURS AND	DELF16	1,11111	T	ADDITIONS/OF IANGES TO OFFICE	INS AND D	Change	Addition
NAME	BURKE, CHERYL		1.2 NAM	1		L	_ change	
STREET ADORESS	4650 SW 108 AVE.			ET ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL 33328		1	- \$1-ZIP				
TITLE	\$	DELETE	2.1 1111				Change	Addition
NAME	CANFIELD, JAMES JR		2.2 NAM			_		
STREET ADDRESS	4650 SW 108 AVE.			FT ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL 33328			(-S] - ZIP				
TITLE		DELETE	3 1 TIJL			Т	Change	Addition
NAME			3.2 NAM	!		_		
STREET ADDRESS				TET ADDRESS				
CITY-ST-ZIP				/- ST-7IP				
TITLE		DELETE	4,1 1111				Change	Addition
NAME			4, 2 NAN			_	-	
STREET ADDRESS			4.3 S1R	ET ADDRESS				
CITY-ST-ZIP				- \$1 - 7IP				
TITLE		DELETE	51 TITL				Change	Addition
NAME [5.2 NAM	E				
STREET ADDRESS			5,3 STRE	ET ADDRESS				
CITY-ST-ZIP				- S1 - ZIP	•			
TITLE		☐ DELFTE	6.1 IIIL				Change	Addition
NAME			6.2 NAM	!E]				
STREET ADDRESS			1	EE1 ADDRESS				
City-St-ZiP			1	-\$1-2(P				
14. I do heret	by certify that the information supplied	with this filing does not qualify	for the e	xemption stated	In Section 119.07(3)(i), Florida Statutes	s. I further c	crtify that	the
informatio	in indicated on this annual report of su	ontemental annual tenort is to	ie atid ac	curate and that	my signature shall have the same lega-	i ettect as if	made un	der eath: that

and major indicated on this annual report of supplemental annual report is fine and accurate and that my signature shall have the same legal effect as it made under of Lam 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 an antiachment with an address.