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

FILED
Mar 31 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P97000073761

1. Corporation Name
Black Bear Properties Inc

Principal Place of Business
12561 Equestrian Cir
Suite 801
Ft. Myers, Fl
33907

Mailing Address
SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
Aug 26, 1997

2. Principal Place of Business
21 12561 Equestrian Cir
22 Suite, Apt. #, etc. 801-Suite
23 City & State Ft. Myers, Fl
24 Zip 33907 25 Country USA

2a. Mailing Address
26 12561 Equestrian Cir
27 Suite, Apt. #, etc. Suite 801
28 City & State Ft. Myers, Fl.
29 Zip 33907 30 Country USA

4. FEI Number 65-0794584 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
AmeriLawyer
343 Almeria Ave
Coral Gables, FL
33134

10. Name and Address of New Registered Agent
81 Name Patrick Esposito
82 Street Address (P.O. Box Number is Not Acceptable) 12561 Equestrian Circle
83 Suite 801
84 City Ft. Myers, FL 85 Zip Code 33907

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 Patrick G Esposito, Pres. Director Patrick G. Esposito 3/25/98
(Signature, type the printed name and capacity, and date, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/T/D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Patrick G. Esposito		1.2 NAME	
STREET ADDRESS	12561 Equestrian Cir, Suite 801		1.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Myers, Fl. 33907		1.4 CITY-ST-ZIP	
TITLE	VP/S/D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Richard Brad Thompson		2.2 NAME	
STREET ADDRESS	100 Haven Ave, Apt. 16A		2.3 STREET ADDRESS	
CITY-ST-ZIP	New York, NY 10032		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
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	600002475588
STREET ADDRESS			5.3 STREET ADDRESS	-04/01/98--01079--010
CITY-ST-ZIP			5.4 CITY-ST-ZIP	***150.00
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	PE 3-31
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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 added on an attachment with an address.

SIGNATURE: Patrick G. Esposito Patrick G Esposito President/Director 941-939-2893
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number

CR2E034 (10/97)