

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 FEB 11 PM 12: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 997000073761

1. Corporation Name

Black Bear Properties Inc.

Principal Place of Business

Mailing Address

12561 Equestrian Circle (SAME)
Suite # 801
Ft. Myers, FL 33907

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

Aug 26, 1997

4. F.E.I. 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 the current year Intangible
Personal Property Tax ☐ Yes ☒ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

2a. Mailing Address

21 7164 Lyle Terrace

26 7164 Lyle Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite # 4

27 Suite # 4

City & State

City & State

23 Ft. Myers, FL

28 Ft. Myers, FL

Zip

Country

Zip

Country

24 33907

25 USA

29 33907

30 USA

9. Name and Address of Current Registered Agent

Patrick Esposito
12561 Equestrian circle
Suite 801
Ft. Myers, FL
33907

81 Name

Patrick Esposito

82 Street Address (P.O. Box Number is Not Acceptable)

7164 Lyle Terrace

83

Suite # 4

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 Esposito

Patrick Esposito Pres.

2/4/99

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE

P/T/D

☐ DELETE

NAME

Patrick G. Esposito

STREET ADDRESS

12561 Equestrian Cir. Suite 801

CITY-ST-ZIP

Ft. Myers, FL 33907

TITLE

VP/S/D

☐ DELETE

NAME

Richard Brad Thompson

STREET ADDRESS

100 Haven Ave. Apt 16A

CITY-ST-ZIP

New York, NY 10032

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

P/T/D

☒ Change ☐ Addition

12 NAME

Patrick G. Esposito

13 STREET ADDRESS

7164 Lyle Terrace - Suite # 4

14 CITY-ST-ZIP

Ft. Myers, FL 33907

21 TITLE

VP/S/D

☒ Change ☐ Addition

22 NAME

Richard Brad Thompson

23 STREET ADDRESS

59 Dow Ave.

24 CITY-ST-ZIP

Mineola, NY 11501

31 TITLE

☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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)(b), 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:

Patrick Esposito

Patrick Esposito Pres.

2/4/99

941 889-0049

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature

889-0049

CR2E034 (11/98)