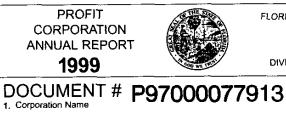
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

Katherine Harris

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90194 031 ***150.00

BERN BI	EARS, INC.											
Principal Place	e of Business	Mailing Address		•			1 (98()\$91 ()8 (8	ili innei Mbill da	III BB III BB III	} 100% (BUID (68 1113 1 00 1
405 NW 72ND	ST.	405 NW 72ND ST.										
BOCA RATON FL 33487 BOCA RATON FL 33487						[_	O NOT WE	TC 181 T141	CCDACE		
						-	3. Date Incorporate	O NOT WRI	IE IN THE	SSPACE		 -1
							09/09/1997	J OI Qualifed				
2. Principal Place of Business 2a. Mailing Address							4. FEI Number			$\overline{}$	Annli	ed For
Z. Philopai P	ace or adsiriess	26					65-0783232					Applicable
Suite, Apt.	# etc		Suite, Apt. #, etc.			-				\$8.7		ditional
22	., J.J.	27	• •				Certificate of State	us Desired		Fee	Requ	ired
City & Stat	e	City & State				6. Election Campaig	n Financing		\$5.0	00 м	ay Be	
23		28					Trust Fund Contr	bution		Add	ed to	Fees
Zip	Country	Zip					8. This corporation	owes the curr	ent year Ir		_	.
24	25	29	30				Personal Propert			☐ Yes		No
	9. Name and Address of Curren	t Registered Agent		041			0. Name and Addr	ess of New F	Registered	Agent		
eku	BERN, LYNN M			81	Name							
	NW 72ND ST.			82	Street	Address	(P.O. Box Number i	s Not Accepta	able)			
	A RATON FL 33487				_							
200	A TATOM TE SOTO			83								. [
				84	City				FI	85 Z	ір Со	de
	to the provisions of Sections 607.050		46			1	tion authority this state	omant for the		- , ,	ite ro	gistered
affica ar r	to the provisions of Sections 607.050 registered agent, or both, in the State m familiar with, and accept the obligation	of Florida. Such change was a	usthonizes	עמ כ	the com	oration's	board of directors. I	hereby accep	от те арро	ointment as	regis	tered
SIGNATURE	Signature, typed or printed name of registered agei		Registered	i Agen	t signature	required who	en reinstating)		DATE			
12.		ID DIRECTORS	13.			<u> </u>	ADDITIONS/CHAI		FICERS A	ND DIREC	TOR	S IN 12 Addition
TITLE	D	_		I		1	ector/Pre			XICHAII	ge.	- Addition
NAME	SKOBERN, LYNN M		1.2 N				bern, Lyn					
STREET ADDRESS					ADDRESS		NW 72nd		^=			ļ
CITY-ST-ZIP	BOCA RATON FL 33487	☐ DELETE	1.4 C	TY-S	- <u>ZIP</u>		a_Raton,_		8/	☐ Chan		X Addition
TITLE		□ octric	1				bern, Joh				-	
NAME			2.2 N				NW 72nd					
STREET ADDRESS	_				ADORESS	Boc:	a Raton,	FL 334	87			Î
CITY-ST-ZIP		☐ DELETE	2.4 C	TITY-S	1-ZIP	 - -			•	→ : Chan	ge	Addition
		beecie	3.2 N							_	•	
NAME OXPOSE ADORSON			1		ADDRESS			•	-			\
STREET ADDRESS				JTY-S		<u> </u>						
CITY-ST-ZIP TITLE		☐ DELETE	4.1 1		1-21	 				Chan	ge	Addition
NAME	i		4.21									1
STREET ADDRESS					ADDRESS	,						1
CITY-ST-ZIP				ΠY-S								Į
TITLE		☐ DELETE	5.1 T							Chan	ge	Addition
NAME			52 N	AME				•				1
STREET ADDRESS			5.3 S	TREE	ADDRESS	3						ţ
CITY-ST-ZIP)		5.4 C	ITY-S	r-ZIP	L						
TITLE		☐ DELETE	6.1 T	TLE					<u>-</u>	☐ Chan	ge	Addition
NAME			6.2 N	AME								ľ
STREET ADDRESS			6.3 S	TREET	ADDRESS	6						}
CITY-ST-ZIP	J		6.4 C	ITY-S	T-ZIP	J						j

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 on an attachment with an address, with all other like empowered.

SIGNATURE