## 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

## DOCUMENT # P98000007634

1. Corporation Name

DUBEAR, INC.

## Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90035 015 \*\*\*150.00

	•••										
Principal Place of	Business	Mailing Add	fress					1 10031001 110 10101 10111 10111			
904 BALSAMINA DR. 904 BALSAMINA DR.											
BRANDON FL 33510 BRANDON FL 33510								DO NOT WRIT	E IN THIS	SPACE	
								3. Date Incorporated or Qualifed 01/23/1998			
2. Principal Place	e of Business	2a, Mailing	Address					4. FEI Number		A	pplied For
21		26	<u> </u>					59-3490694		N	lot Applicable
Suite, Apt. #,	etc.	Suite, A	Suite, Apt. #, etc.					5. Certifcate of Status Desired		<b>+</b>	Additional
22		27						5. Certificate of Citatos Desired	<u> </u>	Fee R	Required
City & State		City & S	State					6. Election Campaign Financing			May Be
23		28						Trust Fund Contribution			to Fees
Zip	Country	Zip	Г	Count	гу		İ	8. This corporation owes the curre	ent year Inta	angible ⊠Yes	□No
24	25	29		30				Personal Property Tax.  Name and Address of New R	onistered A		
	9. Name and Address of Curr	ent Registered Ag	Jent	8	1	Name			9,510,007	-goin	
RAFFE"	TY, LINDA M				2			SAME			
	LSAMINA DR.					Street A	ddress	(P.O. Box Number is Not Accepta	ble)		
	ON FL 33510			8	3						
					╧						
				8	4	City			FL	85  Zip	Code
	nature, typed or printed name of registered a	gent and title if applicable.	(NOTE:	Registered Ac	jent :		<del></del>	an reinstating) ADDITIONS/CHANGES TO OF	DATE	D DIRECT	ORS IN 12
TITLE	OFFICERS /	NAD DIRECTORS	DELETE	1.1 TITLE			DK	FCINENT	102110786	Change	
NAME				1.2 NAM		}	111	ADDITIONS/CHANGES TO OFF  ES IDENT  IDA M. RAFFETY  IDA M. RAFFETY  ANDON, FL 33510  RETARY/TREASURE  FRT RAFFETY  G BALSAMINA DR.  1 BALSAMINA DR.  1 BALSAMINA DR.			
STREET ADDRESS						ADDRESS	904	BALSAMINA DR	i		
CITY-ST-ZIP				1.4 CITY-		-ZIP	BR	ANDON, FL 33510			_
TITLE			☐ DELETĒ	2.1 TITLE	m.e		SEC	RETARY / TREACURE	K	☐ Change	Addition
NAME				2.2 NAME			Ros	FRT RAFFETY			
STREET ADDRESS				2.3 STRE	ET A	ADDRESS	900	A BALSAMINA DA			
CITY-ST-ZIP				2. 4 CITY	-ST	-ZIP	BR	ANOIN FL 3351	0		
TITLE			DELETE	3.1 TITLE		ļ		,		☐ Change	Addition
NAME				3.2 NAMI	Ε						•
STREET ADDRESS				3.3 STRE	ET/	ADDRESS					
CITY-ST-ZIP	<u> </u>		F71 6770	3.4. CITY		-ZIP				Change	Addition
TITLE			DELETE	4.1 TITLE						Change	
NAME				4. 2 NAM							
STREET ADDRESS				4		ADDRESS				•	
CITY-ST-ZIP			DELETE	4.4 CITY 5.1 TITLE		- <u>ZIP</u>		1 1 THE THE		Change	Addition
TITLE				5.1 MLC				,			hyund
NAME						ADDRESS					
STREET ADDRESS CITY-ST-ZIP				5.4 CITY		- 1					
TITLE			DELETE	6.1 TITLE						Change	Addition
NAME				6.2 NAM	E	ļ					
STREET ADDRESS				6.3 STR	EET/	ADDRESS					

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. CITY-ST-ZIP

6.4 CITY-ST-ZIP

SIGNATURE: