

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

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90198 008 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000063289

1. Corporation Name  
**BROWN BEAR, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 14270 CARLSON CIRCLE TAMPA FL 33626  
 Mailing Address: 14270 CARLSON CIRCLE TAMPA FL 33626

3. Date Incorporated or Qualified: 07/17/1998  
 4. FEI Number: 593525888  
 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

2. Principal Place of Business: 21 22043 US 19 NORTH  
 Suite, Apt. #, etc.:  
 City & State: 23 Clearwater, FL  
 Zip: 24 33765 Country: 25 USA  
 2a. Mailing Address: 26 22043 US 19 N  
 Suite, Apt. #, etc.:  
 City & State: 27 Clearwater, FL  
 Zip: 29 33765 Country: 30 USA

9. Name and Address of Current Registered Agent  
**HANEY, R R**  
 101 EAST KENNEDY BOULEVARD  
 SUITE 4100  
 TAMPA FL 33602

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City: FL 85 Zip Code

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: *Laura Flowers* DATE: 1-7-1999  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	FLOWERS, LAURA
STREET ADDRESS	14270 CARLSON CIRCLE
CITY-ST-ZIP	TAMPA FL 33626
TITLE	D <input type="checkbox"/> DELETE
NAME	CHALACHE, LYNN
STREET ADDRESS	14270 CARLSON CIRCLE
CITY-ST-ZIP	TAMPA FL 33626
TITLE	D <input type="checkbox"/> DELETE
NAME	TERRELL, JANE
STREET ADDRESS	14270 CARLSON CIRCLE
CITY-ST-ZIP	TAMPA FL 33626
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D Laura Flowers (ADDRESS)
1.3 STREET ADDRESS	22043 US 19 NORTH
1.4 CITY-ST-ZIP	Clearwater, FL 33765
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D Chalache, Lynn
2.3 STREET ADDRESS	22043 US 19 N
2.4 CITY-ST-ZIP	Clearwater, FL 33765
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D Terrell, Jane
3.3 STREET ADDRESS	22043 US 19 N
3.4 CITY-ST-ZIP	Clearwater, FL 33765
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Laura Flowers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 7, 99 (727) 669-8280  
Date Daytime Phone #

CR2E034 (1/98)