PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT, OF STATE

Kathorine Harris

Secretary of State DIVISION OF CORPORATIONS May 08, 1999 8:00 am Secretary of State 05-08-1999 90045 001 ***150.00

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DOCUMENT # P98000077424

THE DOV BEAR COMPANY

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Mailing Address Principal Place of Business 900 NORTH FEDERAL HIGHWAY #460 900 NORTH FEDERAL HIGHWAY #460 **BOCA RATON FL 33432** BOÇA RATON FL 33432 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/08/1998 Applied For 4. FELNumber 6.5-086659.5 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State_ 6. Election Campaign Financing \$5.00 May Be City & State-Added to Fees Trust Fund Contribution 28 23 Country 8. This corporation owes the current year Intangible Zip Country Zip Personal Property Tax. 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent LARRY A. ROTHENBERG, P.A. Street Address (P.O. Box Number is Not Acceptable) 900 NORTH FEDERAL HIGHWAY **SUITE 460** A3 **BOCA RATON FL 33432** 84 City 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 (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12, Addition ☐ DELETE 1.1 TITLE TILE CR2E034 ROTHENBERG, ELAINE C 12 NAME NAME 900 NORTH FEDERAL HIGHWAY #460 1.3 STREET ADDRESS STREET ADORES! BOCA RATON FL 33432 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change □ DELETE 21 TITLE あなぼ (ひだがし TTLE 22 NAUE NAME A. BOHERBERG GOO W. FEDERAL HUE BOCA RAYON, FL 33432 2.3 STREET ADDRESS STREET ADDRES 2.4 CITY-ST-ZIP BOCA RATION, CITY-ST-ZIP **X** Addition Change DELETE 3.1 TITLE DIRECTOR TITLE 3.2 NAME COTHEDBERC C SUBBIT NAME -FEDERN-HUZ & KO 3.3 STREET ADORESS STREET ADDRESS BATOR FL. 33932 3.4. City-ST-ZIP Boch CITY-ST-ZIF Skaddition ☐ Change 74.50 2299 Π DELETE 4.1 TITLE TILE SACHER LAWRENCE A. 4. 2 NAME NAME BRICKELL KEY DR \$505 4.3 STREET ADDRESS STREET ADDRESS 33131 4.4 CITY-ST-ZIP MIAMI, FL. CITY-ST-ZIF ☐ Addition ☐ Change ☐ DELETE 5.1 7TTLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition 6.1 TITLE ☐ DELETE TITLE NAME **8.3 STREET ADORESS** STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filting 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 of the receiver of 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 as a stapniment with an address, with all other like empowered.

SIGNATURE:

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561-393-3913