PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000084039

1. Corporation Name

THE BEAR ON JOG CORP.

Principal Place of Business	Mailing Address			
3065 ST. JAMES DR.	3065 ST. JAMES DR.			
BOCA RATON FL 33434	BOCA RATON FL 33434			

May 10, 1999 8:00 am Secretary of State

05-10-1999 90060 002 ***150.00



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Principal Place of Business Mailing Address									
3065 ST. JAMES DR. BOCA RATON FL 33434		3065 ST. JAMES DR. BOCA RATON FL 33434							
DOOR HATON	12 00007	0000 1811011 12 00101				DO NOT WRIT	TE IN THIS	SPACE	
						 Date Incorporated or Qualifed 09/29/1998 			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		Apr	plied For
21		26				65.086 74	48 <u> </u>	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A	
22		27				5. Certificate of Status Desired		Fee Re	quired
City & State	e	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added to	o Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the curre	ant year Int		
24	25		30			Personal Property Tax.			□No
	9. Name and Address of Currer	t Registered Agent				10. Name and Address of New R	egistered	Agent	
2101	W AGENTS, INC. CORPORATE BLVD., SUITE 101 A RATON FL 33431	7		81 82 83		on is Rodrigues sess (P.O. Box Number is Not Accepte BIS Cayne Blue	kje)		
				84	City MIA		FL	85 Zip C	Code 3 7
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was at tions of, Section 607,0508, Plor	ida Stati	iby i ites.	the corporation	n's board of directors. Thereby accep	purpose of it the appoil	changing its ntment as reg	registered gistered
				Agent	t signature required		OATE /	ID DIDECTO	
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN	☐ Change	Addition
TITLE	D BIOLIAGO	☐ DELETE	1.1 TI					[_] Onlange	
NAME	CASTER, RICHARD		1.2 N/						
STREET ADDRESS	3065 ST. JAMES DR.				ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33434	☐ DELETE	_	TY-ST	-ZIP			Change	Addition
TITLE		["] DECE IE	2.1 TI					Grange	
NAME			2.2 N						
STREET ADORESS			1		ADDRESS				
CITY-ST-ZIP		☐ DELETE	_	ITY-S	T- ZIP			Change	Addition
TITLE			3.1 TI						
NAME .			3.2 N						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		☐ DELETE		TY-S	T-ZIP			Change	Addition
TITLE		☐ pereie	4.1 T(Onlings	
NAME			4.2 N						
STREET ADDRESS					ADDRESS				
City-St-ZIP		□ DELETE	_	TY-ST	T-ZIP			☐ Change	Addition
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NAME			5.2 N		+000000				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				TY-ST	- ZIP			Change	Addition
TITLE		☐ DELETE	6.1 TI					☐ Change	
NAME			6.2 N						
STREET ADDRESS			6.3 S	REET	ADORESS }				1

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

6.4 CITY-ST-ZIP

SIGNATURE: