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May 05 1997 8:00am

Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morlham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S60706 (6)

1. Corporation Name
HONEY BEAR, INC.

Principal Place of Business
15801 COLLECTING CORAL RD.
LOXAHATCHEE FL 33470

Mailing Address
P O BOX 190
LOXAHATCHEE FL 33470-0190
US



3. Date Incorporated or Qualified 06/19/1991
3a. Date of Last Report 05/01/1996

2. Principal Place of Business
21 11817 Woodson Ct.
Suite, Apt. #, etc.

2a. Mailing Address
26 11817 Woodson Ct.
Suite, Apt. #, etc.

4. FEI Number 65-0275693
Applied For
Not Applicable

22 City & State
23 Boca Raton, FL

27 City & State
28 Boca Raton, FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

24 33428 25 U.S.A.
29 33428 30 U.S.A.

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARVIN BILTIS
11817 WOODSON CT
BOCA RATON FL 33428

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
Signature, typed or printed name of registered agent and date, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	BILTIS, MARVIN	P.O. BOX 190 N/A	LOXAHATCHEE FL	<input type="checkbox"/>
SD	BILTIS, GARY	P.O. BOX 190 N/A	LOXAHATCHEE FL	<input type="checkbox"/>
T	SNYTT, LINDA	P O BOX 190	LOXAHATCHEE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
PD	Biltis, Marvin	11817 Woodson Ct	Boca Raton, FL 33428	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	Biltis, Gary	10039 Twin Lakes Dr.	Coral Springs, FL 33071	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T	Snytt, Linda	5114 N.W. 54th Way	Coral Springs, FL 33067	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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.

SIGNATURE: [Signature]

CR2E034 (9/96)