

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V13948** (7)

1. Corporation Name
BEAR LAKE FLORIDA CENTER, INC.



Principal Place of Business: **599 LEXINGTON AVE, 26TH FLR, NY NY 10043 US**
Mailing Address: **801 NE 167TH ST., SUITE 300, N. MIAMI BCH. FL 33162**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-fields for Suite, City & State, Zip, and Country.

3. Date Incorporated or Qualified: **02/13/1992**
3a. Date of Last Report: **06/12/1995**
4. FEI Number: **13-3664524**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**UNITED CORPORATE SERVICES, INC.
801 N.E. 167TH ST.
SUITE 300
N. MIAMI BEACH FL 33162**

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

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 prepared and filed with this filing, and the filer's name typed or prepared and filed with this filing.)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CAHILL, WILLIAM	
STREET ADDRESS	599 LEXINGTON AVE.	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VAT	<input checked="" type="checkbox"/> DELETE
NAME	GALISE, JOYCE	
STREET ADDRESS	850 THIRD AVE.	
CITY-ST-ZIP	NEW YORK NY 10043	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	HANDY, THOMAS	
STREET ADDRESS	2001 ROSS AVENUE	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	BRANDI, TERESA	
STREET ADDRESS	850 THIRD AVE.	
CITY-ST-ZIP	NEW YORK NY 10043	
TITLE	ASAT	<input type="checkbox"/> DELETE
NAME	NASSER, JEAN-PIERRE	
STREET ADDRESS	850 THIRD AVE.	
CITY-ST-ZIP	NEW YORK NY 10043	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOLDSTEIN, PATRICIA	
STREET ADDRESS	599 LEXINGTON AVE.	
CITY-ST-ZIP	NEW YORK NY 10043	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<i>VS Handy, Thomas K.</i>
33 STREET ADDRESS	<i>One Court Square</i>
34 CITY-ST-ZIP	<i>Long Island City, NY 11101</i>
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *William T. Cahill*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)