FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **389301** **(3)**

1. Corporation Name
FARRELL'S FANTASY, INC.

Principal Place of Business
390 TEQUESTA DR.,STE.B
TEQUESTA FL 33469

Mailing Address
390 TEQUESTA DR.,STE.B
TEQUESTA FL 33469

3. Date Incorporated or Qualified: **09/30/1971**
3a. Date of Last Report: **04/17/1995**

2. Principal Place of Business
21 390 Tequesta Dr.
Suite, Apt. #, etc. Suite A
[redacted] FL
City & State
23
Zip 24 33469
Country 25 Palm Beach

2a. Mailing Address
26 390 Tequesta Drive
Suite, Apt. #, etc.
27 Suite A
City & State
28 Tequesta, FL
Zip 29 33469
Country 30 Palm Beach

4. FEI Number: **59-1500795** — Applied For / Not Applicable

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
MALONE, CLAIRE C.
475 TEQUESTA DR.,APT.9
TEQUESTA FL 33469

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 607.1506, 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, type or print name of registered agent, and title if applicable — (NEW) Registered Agent signature required after resigning — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MALONE CLAIRE		1.2 NAME	
STREET ADDRESS	475 TEQUESTA DR., APT. 9		1.3 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL		1.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MARCHANT, DEBORAH		2.2 NAME	
STREET ADDRESS	475 TEQUESTA DR, APT 13		2.3 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL		2.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MARCHANT, CHRISTOPHER		3.2 NAME	
STREET ADDRESS	475 TEQUESTA DR, APT 13		3.3 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 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: Claire Malone — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 4/24/96 — Daytime Phone #: 407-746-3848

Claire C. Malone, President

CR2E034 (12/95)