

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Mar 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **519618** (3)  
1. Corporation Name  
**TIBBYS, INC.**



Principal Place of Business <b>628 GEORGETOWN DR 40 FRIED CASSELBERRY FL 32707</b>	Mailing Address <b>628 GEORGETOWN DR 40 FRIED CASSELBERRY FL 32707-6136</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified <b>12/03/1976</b> 3a. Date of Last Report <b>04/05/1996</b> 4. FEI Number <b>59-1790264</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>FRIED, JOSEPH HIGHWAY 17-92 FERN PARK FL 32730</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>
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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) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.1 NAME <b>P ZLATKISS, JERROD</b> 12.2 STREET ADDRESS <b>628 GEORGETOWN DR.</b> 12.3 CITY-ST-ZIP <b>CASSELBERRY FL</b> 12.4 TITLE <b>V</b> 12.5 NAME <b>FRIED, JOSEPH</b> 12.6 STREET ADDRESS <b>628 GEORGETOWN DR.</b> 12.7 CITY-ST-ZIP <b>CASSELBERRY FL</b> 12.8 TITLE <b>T</b> 12.9 NAME <b>FRIED, IRVING</b> 12.10 STREET ADDRESS <b>628 GEORGETOWN DR.</b> 12.11 CITY-ST-ZIP <b>CASSELTOWN FL</b> 12.12 NAME <b>T</b> 12.13 STREET ADDRESS <b>T</b> 12.14 CITY-ST-ZIP <b>T</b> 12.15 NAME <b>T</b> 12.16 STREET ADDRESS <b>T</b> 12.17 CITY-ST-ZIP <b>T</b> 12.18 NAME <b>T</b> 12.19 STREET ADDRESS <b>T</b> 12.20 CITY-ST-ZIP <b>T</b>	13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP 13.5 TITLE 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY-ST-ZIP 13.9 TITLE 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY-ST-ZIP 13.13 TITLE 13.14 NAME 13.15 STREET ADDRESS 13.16 CITY-ST-ZIP 13.17 TITLE 13.18 NAME 13.19 STREET ADDRESS 13.20 CITY-ST-ZIP

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 \_\_\_\_\_ DATE **3/12/97** DAYTIME PHONE # **407-339-8823**

CR2E034 (9/96)