

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
LARRY B. MATHIAS  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 MAY -1 PH 2:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **K16617 (8)**

1. Corporation Name

**THE POPCORN REVOLUTION MANAGEMENT, INC.**

Principal Place of Business

3620 N.W. 24TH WAY  
BOCA RATON FL 33431

Mailing Address

3620 N.W. 24TH WAY  
BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/29/1988** 3a. Date of Last Report **06/21/1994**

4. FEI Number **65-0040438** 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. 196.035, Florida Statutes  Yes  No

2. Principal Place of Business

21 State Apt # etc

23 City & State

24 Zip

2a. Mailing Address

26 State Apt # etc

28 City & State

25 Country

29 Country

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FELDMAN, JOEL H.  
SANCTUARY CTR-TOWER D-STE 207  
4800 N. FEDERAL HWY  
BOCA RATON FL 33431**

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 190.01(1)(a) and 601.15(1), 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. Each 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 the new office under Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE NAME STREET ADDRESS CITY, ST, ZIP	PTD HUBRIG, PHILLIP E. 3620 N.W. 24TH WAY BOCA RATON FL
12.2 TITLE NAME STREET ADDRESS CITY, ST, ZIP	VSD HUBRIG, SUSANNE M 3620 N.W. 24TH WAY BOCA RATON FL
12.3 TITLE NAME STREET ADDRESS CITY, ST, ZIP	
12.4 TITLE NAME STREET ADDRESS CITY, ST, ZIP	
12.5 TITLE NAME STREET ADDRESS CITY, ST, ZIP	
12.6 TITLE NAME STREET ADDRESS CITY, ST, ZIP	
12.7 TITLE NAME STREET ADDRESS CITY, ST, ZIP	

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.3 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.4 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.7 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 190.03(9)(b), Florida Statutes. I further certify that the information contained 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 on the date of filing and am empowered to execute this report as required by Chapter 601, Florida Statutes, and that my name appears in Block 12 or Block 13 of a changed or new attachment with an address.

SIGNATURE:

*Phillip E. Hubrig*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95