ANNUAL REPORT
1995

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -4 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M34170 (4)

Corporation Name
SCRAPY'S INC.
(AMENDED)

Principal Place of Business	Mailing Address
C/O SANDY LEIBOV 7457 BLACK OLIVE WAY TAMARAC FL 33321	C/O SANDY LEIBOV 7457 BLACK OLIVE WAY TAMARAC FL 33321

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/24/1986
3a. Date of Last Report: 02/15/1994

1. Principal Place of Business
2. Suite, Apt. #, etc.
3. City & State
4. Zip / Country

2a. Mailing Address
2b. Suite, Apt. #, etc.
2c. City & State
2d. Zip / Country

4. FEI Number: 59-2786009 ☐ 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

LEIBOV, SANDY
7547 BLACK OLIVE WAY
TAMARAC FL 33321

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 607.1508, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	11 TITLE	☐ Change ☐ Addition
NAME	LEIBOV, BERNARD	12 NAME	
STREET ADDRESS	7547 BLACK OLIVE WAY	13 STREET ADDRESS	200001476752
CITY-ST-ZIP	TAMARAC FL	14 CITY-ST-ZIP	-05/05/95--01011--010
TITLE	DV	21 TITLE	*****61.25 ☐ Change ☐ Addition
NAME	SCHULTZ, STEVEN	22 NAME	
STREET ADDRESS	1090 NW 2[illegible] E	23 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	LEIBOV, SANDY	32 NAME	
STREET ADDRESS	7547 BLACK OLIVE	33 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☒ Addition
NAME		42 NAME	RICHMAN, RANDALL
STREET ADDRESS		43 STREET ADDRESS	2930 San Jose Avenue
CITY-ST-ZIP		44 CITY-ST-ZIP	Copper City, Florida 33026
			TITLE:DV
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(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 above, or on an attachment with an address.

SIGNATURE: _____ 4/24/95 (305) 486-2010
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR, OFFICER OR AGENT — Date — Daytime Phone #

0434184 FP