FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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'95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # **P28298** **(8)**

1. Corporate Name
BUGLE BOY INDUSTRIES, INC.

Principal Place of Business	Mailing Address
2900 MADERA RD. SIMI VALLEY CA 93065	2900 MADERA RD. SIMI VALLEY CA 93065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
02/23/1990	04/18/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite Apt. # etc. 22	Suite Apt. # etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

4. FEI Number: 95-3123514 — ☐ 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 authority to manufacture tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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: _____ (Typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent must sign on original and renewal) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~CEO/D~~	11 TITLE	CEO/D	☒ Change ☐ Addition
NAME	MOW, WILLIAM C W	12 NAME		
STREET ADDRESS	2900 MADERA RD	13 STREET ADDRESS		
CITY ST ZIP	SIMI VALLEY CA	14 CITY ST ZIP		
TITLE	SD	21 TITLE		☐ Change ☐ Addition
NAME	MOW, NAI-LI	22 NAME		
STREET ADDRESS	2900 MADERA RD.	23 STREET ADDRESS		
CITY ST ZIP	SIMI VALLEY CA	24 CITY ST ZIP		
TITLE	~~PD~~	31 TITLE	VC/D	☒ Change ☐ Addition
NAME	NESI, VINCENT	32 NAME		
STREET ADDRESS	390 FIFTH AVE., STE 200	33 STREET ADDRESS		
CITY ST ZIP	NEW YORK NY	34 CITY ST ZIP		
TITLE	~~D~~	41 TITLE	CLO/D	☒ Change ☐ Addition
NAME	BECKER, DIANE L.	42 NAME		
STREET ADDRESS	300 ESPLANADE, STE. 1140	43 STREET ADDRESS		
CITY ST ZIP	OXNARD CA	44 CITY ST ZIP		
TITLE	CFO	51 TITLE		☒ Change ☐ Addition
NAME	~~MILLER, ROBERT E~~	52 NAME	Murray, Roger	
STREET ADDRESS	2900 MADERA RD	53 STREET ADDRESS		
CITY ST ZIP	SIMI VALLEY CA	54 CITY ST ZIP		
TITLE	~~VP~~	61 TITLE	V	☒ Change ☐ Addition
NAME	~~SCHNAPPER, ALAN~~	62 NAME	Lasell, David	
STREET ADDRESS	2900 MADERA RD	63 STREET ADDRESS		
CITY ST ZIP	SIMI VALLEY CA	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: _____ David Lasell April 25, 1995 (805)582-1010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0481778 FN