

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 # P28298 (8)

1. Corporation 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

3. Date Incorporated or Qualified

02/23/1990

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FET Number

95-3123514

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CEOD	<input type="checkbox"/> DELETE
NAME	MOW, WILLIAM C W	
STREET ADDRESS	2900 MADERA RD	
CITY- ST- ZIP	SIMI VALLEY CA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MOW, NAI-LI	
STREET ADDRESS	2900 MADERA RD.	
CITY- ST- ZIP	SIMI VALLEY CA	
TITLE	VCD	<input checked="" type="checkbox"/> DELETE
NAME	NESE, VINCENT	
STREET ADDRESS	390 FIFTH AVE., STE 200	
CITY- ST- ZIP	NEW YORK NY	
TITLE	COD	<input type="checkbox"/> DELETE
NAME	BECKER, DIANE L.	
STREET ADDRESS	300 ESPLANADE, STE. 1140	
CITY- ST- ZIP	OXNARD CA	
TITLE	CFO	<input checked="" type="checkbox"/> DELETE
NAME	MURRAY, ROGER	
STREET ADDRESS	2900 MADERA RD	
CITY- ST- ZIP	SIMI VALLEY CA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	LASELL, DAVID	
STREET ADDRESS	2900 MADERA RD	
CITY- ST- ZIP	SIMI VALLEY CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	CFO
5.3 STREET ADDRESS	Michael Seyhun
5.4 CITY- ST- ZIP	2900 Madera Road
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Simi Valley, CA 93065
6.3 STREET ADDRESS	V.P. Controller
6.4 CITY- ST- ZIP	Steven H. Low
	2900 Madera Road
	Simi Valley, CA 93065

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:

Steven Low
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

Date

(805) 682-1010

Daytime Phone #

CR2E034 (12/95)