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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

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BUGLE	E BOY INDUSTRIES, II	NC.						1))M A A A D	6 8 6 6		ı Bib il A ldıl L A #1
Principal Place o	of Business	Mai	ling Address				1 19811881 119 11981 18	1418 11918 18181 1			
2900 MADER			2900 MADERA RD. SIMI VALLEY CA 930	ec							
SIMI VALLEY	1 CA 83003		SIMI VALLET ON SOU	03		3 Date	Incorporated or 0	Qualified 1:	3a Date	of Last Re	eport
						1)2/23/1990	Quamer		05/01/19	•
2. Principal Plac	ce of Business	2a.	Mailing Address			4. FEI N		L			Applied For
21		26	_				95-3123514				Not Applicable
Suite, Apt. #	, etc.	b 1	Suite, Apt. #, etc.			5. Certi	ificate of Status D	esired 👂	≰		Additional
22		27	6.1. 6.6.			6 Ft-		<u> </u>			Required
City & State		28	City & State			1	tion Campaign Fir It Fund Contributio	- F			D May Be d to Fees
Zip	Country		Zıp	Cour	ntry		corporation has fi		angible ta		
24	25	29		30		l l	da Statutes	☐ Yes [
	9. Name and Address of C	Current Registe	ered Agent		······································	10. Nan	ne and Address	of New Reg	istered	Agent	
				I	81 Name						
	RPORATION SYSTEM			ļ	82 Street	Address (P.O. B	ox Number is Not	Acceptable)			
1200 S	. PINE ISLAND ROAD			}	83						
	ATION FL 33324				83						
				L							
				ŀ	84 City				FI	85 Zij	o Code
PLANTA	o the provisions of Sections 60	7.0502 and 607	.1508, Florida Statuti	es the abov	e-nanued co	orporation submi	its this statement i	for the purpo	FL se of cha	anging its r	enistered office
PLANTA 11. Pursuant to pr registere	o the provisions of Sections 60 od agent, or both, in the State of and accept the obligations o	of Florida, Such	change was authorize	es, the above	e-nanued co	orporation submi board of directo	its this statement tors. I hereby accer	for the purpo of the appoint	se of cha	anging its r	enistered office
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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 it 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 it changed, or on an attachment with an address.

GNATURE:

| SIGNATURE AND TYPED OR PROVED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Day true Phone #