

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P28298** (8)
1. Corporation Name
BUGLE BOY INDUSTRIES, INC.



Principal Place of Business 2900 MADERA RD. SIMI VALLEY CA 93065	Mailing Address 2900 MADERA RD. SIMI VALLEY CA 93065-6230
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3. Date Incorporated or Qualified 02/23/1990	3a. Date of Last Report 05/01/1996
4. FEI Number 95-3123514	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code FL

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 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, NAJ-LI	
STREET ADDRESS	2900 MADERA RD.	
CITY - ST - ZIP	SIMI VALLEY CA	
TITLE	COD	<input type="checkbox"/> DELETE
NAME	BECKER, DIANE L.	
STREET ADDRESS	300 ESPLANADE, STE. 1140	
CITY - ST - ZIP	OXNARD CA	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	MICHAEL SEYHUN	
STREET ADDRESS	2900 MADERA RD	
CITY - ST - ZIP	SIMI VALLEY CA	
TITLE	VPC	<input checked="" type="checkbox"/> DELETE
NAME	STEVEN H. LOW	
STREET ADDRESS	2900 MADERA RD	
CITY - ST - ZIP	SIMI VALLEY CA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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	V.P. FINANCE	
5.3 STREET ADDRESS	ROY THORSEN	
5.4 CITY - ST - ZIP	2900 MADERA ROAD SIMI VALLEY, CA 93065	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/97
Date

805-582-1010
Daytime Phone #

0506589

CR2E034 (9/96)