FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 14 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P36944** **(7)**

1. Corporation Name
FUBAR MANUFACTURING COMPANY, INC.

Principal Place of Business	Mailing Address
4100 N. POWERLINE ROAD, SUITE P10/01 POMPANO BEACH FL 33073	4100 N. POWERLINE ROAD, SUITE P10/01 POMPANO BEACH FL 33073

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/20/1991**
3a. Date of Last Report: **04/28/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **22-1734105** ☐ 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

FUCCI, VINCENT
672 SANDPINE CIRCLE
DEERFIELD FL 33441

10. Name and Address of New Registered Agent

81 Name: Fucci, Vincent
82 Street Address (P.O. Box Number is Not Acceptable): 1237 NW 52nd Way
83: Pompano Beach, Fl. 33064
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	CD	1.1 TITLE	☒ Change ☐ Addition
NAME	FUCCI, VINCENT	1.2 NAME	Fucci, Vincent
STREET ADDRESS	672 SANDPINE CIRCLE	1.3 STREET ADDRESS	1237 NW 52nd Way
CITY-ST-ZIP	DEERFIELD BEACH FL	1.4 CITY-ST-ZIP	Pompano Beach, Fl. 33064
TITLE	VCD	2.1 TITLE	☐ Change ☐ Addition
NAME	FUCCI, PATRICK	2.2 NAME	
STREET ADDRESS	3123 WEST BUENA VISTA	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL	2.4 CITY-ST-ZIP	
TITLE	PS	3.1 TITLE	☒ Change ☐ Addition
NAME	FUCCI, VINCENT	3.2 NAME	Fucci, Vincent
STREET ADDRESS	672 SANDPINE CIRCLE	3.3 STREET ADDRESS	1237 NW 52nd Way
CITY-ST-ZIP	DEERFIELD BEACH FL	3.4 CITY-ST-ZIP	Pompano Beach, Fl. 33064
TITLE	VT	4.1 TITLE	☐ Change ☐ Addition
NAME	FUCCI, PATRICK	4.2 NAME	
STREET ADDRESS	3123 WEST BUENA VISTA	4.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is willfully 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: _____ Vice president 4/7/95 305-979-9080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)
PATRICK FUCCI

04/95070 FP