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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

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

3. Date Incorporated or Qualified: 12/20/1991
3a. Date of Last Report: 04/17/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / 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
1237 NW 52ND WAY
POMPANO BEACH FL 33064

10. **Name and Address of New Registered Agent**

81 Name: Vincent Fucci
82 Street Address (P.O. Box Number is Not Acceptable): 3671 Potomac Place
83
84 City: Boynton Beach **FL** 85 Zip Code: 33462

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CDPS	☐ DELETE	1.1 TITLE	CDPS	☑ Change ☐ Addition
NAME	FUCCI, VINCENT		1.2 NAME	FUCCI, VINCENT	
STREET ADDRESS	1237 NW 52ND WAY		1.3 STREET ADDRESS	3671 Potomac Place	
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY-ST-ZIP	Boynton Beach, FL 33462	
TITLE	VCD	☐ DELETE	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	VT	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FUCCI, PATRICK		3.2 NAME		
STREET ADDRESS	3123 WEST BUENA VISTA		3.3 STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: Vincent Fucci 3-7-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #