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



POCUMENT # P93000057692 (4)

FILED May 13 1997 8:00am Secretary of State

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COF ANNU	PROFIT CORPORATION ANNUAL REPORT 1997 FLORIDA DEPARTMENT OF STA Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS				May 13 1997 8:00ar Secretary of State	
	FUZZY'S, INC.		692 (4)			
4085 FOWLER P.O. BOX 1407 FT MYERS FL 33901 FINDLAY OH 45839-1407 US US						
					3. Date Incorporated or Qual 08/13/1993	ified 3a. Date of Last Report 05/01/1996
2. Principal P	lace of Business	2a. Ma	iling Address		4. FEI Number	Applied For
21		26			58-2077952	Not Applicabl
Suite, Apt.	#, etc.	<u> </u>	ite, Apt. #, etc.		5. Certificate of Status Desire	sd \$8.75 Additional
City & State	Δ	27	y & State			Fee Required
al :	•	28	y d diate		Election Campaign Financ Trust Fund Contribution	ing \$5.00 May Be Added to Fees
Zip	Country	Z)	,	Country		ty for intangible tax under s. 199.032,
24	25	29	30		Florida Statutes	Yes No
	9. Name and Address of Cu	rrent Register	d Agent	81 Name	10. Name and Address of Ne	ew Registered Agent
KRASNY, MIKE 780 S APOLLO BLVD						
	BOURNE FL 32902-0428		82 Street Addi		dress (P.O. Box Number is Not Acceptable)	
11166	DOGINIC I C ODDOD O120					
				84 City		85 Zip Code
						FL
11. Pursuant	to the provisions of Sections 607 registered agent, or both, in the S	Jubuz and 607. State of Florida.	Such change was authorida Statutes. Such change was authoridae	the above-named con orized by the corpora	rporation submits this statement to ation's board of directors. I hereby	r the purpose of changing its registered accept the appointment as registered
SIGNATURE	in lamilia, with, and accept the o	bilgations of, or	0000,11000	a Glateres.		
	Signature, typed or printed name of registere			gistered Agent signature requ		DATE
12.	OFFICERS OP	AND DIRECTO	DELETE	13.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	KRONBERG, JOHN		الم مددد الم	1.2 NAME		C Onlings C Addition
STREET ADDRESS	2096 MACADAMIA STREET	•		1.8 STREET ADDRESS		
CITY-ST-ZIP	ST JAMES CITY FL 33956			1.4 CITY-ST-ZIP		
ME	DVP		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KRONBERG, PEGGY			2.2 NAME		
STREET ADDRESS	2096 MACADAMIA STREET ST JAMES CITY FL 33956			2.3 STREET ADDRESS		
CITY-ST-ZIP	OT SPANCE OF LE 00800		DELETE	2 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME				3.2 NAME		
STREET ADDRESS				3.3 STREET ADDRESS		
CITY-ST-ZIP				3.4. CITY-ST-ZIP		
TITLE			☐ D€LETE	4.1 TITLE		☐ Change ☐ Addition
NAME STREET ADORESS				4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP				44 City-ST-ZiP		
TITLE			DELETE	51 TITLE		Change Addition
NAME				5.2 NAME		
STREET ADDRESS				5.3 STREET ADDRESS		
CITY-ST-ZIP			DELETE	54 CITY-ST-ZIP		Channe Lack-
NAME	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		□ Nettit	6.1 TITLE 6.2 NAME		Change Addition
NAME STREET ADORESS			ĺ	6.3 STREET ADDRESS		
CITY-ST-20P				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 peciver 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 open a attachment with an address. RI OHITH 4118197