Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90145 011 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300076167

1. Corporation Name

FUCKY	GUYS, INC.									
Drivein at Diogr	o of Business	Mailing A	ddrass							
3550 BISCAYNE BLVD. 3550 STE. 404 ST			3550 BISCAYNE BLVD. STE. 404 MIAMI FL 33137				DO NOT WRITE IN THIS SPACE			
MIAMI FL 3313		MIMMI FL	MIRMI FC 33137				3. Date Incorporated or Qualifed			
1							10/27/1993			ļ
2. Principal Pi	ace of Business	2a. Mailin	ng Address				4. FEI Number		Appli	ied For
21		26	-				65-0446840		Not /	Applicable
Suite, Apt.	#, etc.	Suite,	Apt. #, etc.			<u> </u>		4		ditional
22	er even skiller	27	me	E.		=	5. Certificate of Status Desired	Fe	e Requ	uired
City & State	8 .	City 8	& State				6. Election Campaign Financing		.00 м	
23	<u> </u>	28					Trust Fund Contribution	Ad	ded to	Fees
Zip	Country	Zip		Cou	untry		8. This corporation owes the current		_	٦
24	25	29		30			Personal Property Tax.	Yes		□No
	9. Name and Address of Curre	ent Registered	Agent		 		10. Name and Address of New Reg	istered Agent		
					81	Name				
HOLLAND, BRIAN 3550 BISCAYNE BLVD.				82	Street Addre	ess (P.O. Box Number is Not Acceptable	s) .			
STE. 404				83	·					
	WI FL 33137									
					84	City		FL	Zip Co	ode
					<u>. </u>				**	7.14
11. Pursuant office or re agent. I all SIGNATURE	•						oration submits this statement for the pun's board of directors. I hereby accept the statement of the punishment of the	rpose of changir he appointment	ig its re as regi	egistered stered
SIGNATURE	Signature, typed or printed name of registered at	gent and title if applicat	ble. (NOTE		d Agent		i when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered ap		ble. (NOTE	: Registered	d Agent			DATE	CTOR	
SIGNATURE 12. TITLE	Signature, typed or printed name of registered at OFFICERS A	gent and title if applicat	ble. (NOTE	: Registered	d Agent		i when reinstating)	DATE CERS AND DIRE	CTOR	S IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered at OFFICERS A PD DULMAN, SIDNEY	gent and title if applicat	ble. (NOTE	13. 1.1 TI 1.2 N	d Agent	signature required	i when reinstating)	DATE CERS AND DIRE	CTOR	S IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered at OFFICERS A PD DULMAN, SIDNEY 3550BISCCAYNE BLVD., STE	gent and title if applicat	ble. (NOTE	13. 1.1 TI 1.2 N	ITLE	signature required	i when reinstating)	DATE CERS AND DIRE	CTOR	S IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered at OFFICERS A PD DULMAN, SIDNEY 3550BISCCAYNE BLVD., STE MIAMI FL 33137	gent and title if applicat	ble. (NOTE	13. 1.1 TI 1.2 N	d Agent ITLE AME TREET /	signature required	i when reinstating)	DATE CERS AND DIRE	CTOR	S IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered at OFFICERS APD DULMAN, SIDNEY 3550BISCCAYNE BLVD., STEMIAMI FL 33137	gent and title if applicat	ble. (NOTE S	13. 1.1 TI 1.2 Ni 1.3 S 1.4 C 2.1 TI	d Agent ITLE AME TREET /	signature required	i when reinstating)	DATE CERS AND DIRE	CTOR	S IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD DULMAN, SIDNEY 3550BISCCAYNE BLVD., STE MIAMI FL 33137 VTD HOLLAND, BRIAN 3550 BISCAYNE BLVD., STE.	gent and title if applicate AND DIRECTOR	ble. (NOTE S	13. 1.1 TI 12 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S	ITLE IAME TREET / ITLE IAME TREET / ITLE IAME	ADDRESS ADDRESS	i when reinstating)	DATE CERS AND DIRE	CTOR	S IN 12
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CITY-ST-ZIP 14. I 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, with all other like appowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

CITY-\$T-ZIP

STREET ADDRESS

TITLE

NAME

4-16-99 Idnay Dulmar

305 576-1600

Addition

Change