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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 3:24

DOCUMENT # P94000032427 (4)

1. Corporation Name

FEBERT, INC.

Principal Place of Business
4956-13 LACHALET BLVD.
BOYNTON BEACH FL 33436

Mailing Address
4956-13 LACHALET BLVD.
BOYNTON BEACH FL 33436

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/28/1994
3a. Date of Last Report:

2. Principal Place of Business
21 4956-13 LE CHALET BLVD
22 Suite, Apt. #, etc.: SUITE 13
23 City & State: BOYNTON BEACH, FLORIDA
24 Zip: 33436
25 Country: PBC.

2a. Mailing Address
26 4956-13 LE CHALET BLVD.
27 Suite, Apt. #, etc.: Suite #13
28 City & State: BOYNTON BEACH, FLORIDA
29 Zip: 33436
30 Country: P.B.C.

4. FEI Number: 65-0498108 — 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

FUCHS, LARRY
590 ROYAL PALM BEACH BLVD.
ROYAL PALM BEACH FL 33411

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 ______

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	RALPH RONZONI
STREET ADDRESS	10559 SPICEWOOD TRAIL
CITY ST ZIP	BOYNTON BEACH, FLA. 33436
TITLE	V. PRESIDENT
NAME	PETER RONZONI
STREET ADDRESS	10559 SPICEWOOD TRAIL
CITY ST ZIP	BOYNTON BEACH, FLA. 33436
TITLE	SECRETARY
NAME	VIRGINIA RONZONI
STREET ADDRESS	10559 SPICEWOOD TRAIL
CITY ST ZIP	BOYNTON BEACH, FLA. 33436
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14. I do hereby certify that the information supplied with this filing is voluntarily 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: Ralph Ronzoni — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/20/95

Daytime Phone #: 407-278-4141

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