## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P94000045745 (4) **DOCUMENT #** 

FUNKY FOOD COVERS, INC.

Principal Place of Business Mailing Address						
P.O. BOX 3692 BOYNTON BEACH FL 33424		P.O. BOX 3692 BOYNTON BEACH FL	P.O. BOX 3692 BOYNTON BEACH FL 33424			
					3. Date Incorporated or Qualified 06/15/1994	3a. Date of Last Report 06/29/1995
2. Principal Place of Business 2a. 21		2a. Mailing Address 26	Mailing Address		4. FEI Number 65-0515389	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	a ' ' '		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	28		6. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country	Ζφ	Cou	intry	8. This corporation has liability for	-
24	25	29	30			s No
	<ol><li>Name and Address of Current</li></ol>	nt Registered Agent			10. Name and Address of New	Registered Agent
				81 Name	Scane RETT	ry
GABLE	RICHARD SEG	<del>^</del>		82 Street Add	SEGAR DET fress (P.O. Box Number is Not Accepta	blei
640 E. OCEAN AVENUE				Direct rad	6212 WINDLA	SS CIRCLE
SUITE 10				83		
BOYNTON BEACH FL 33435						last s. A.
	_ <del>_</del>			84 City	BOYNTON BCG	/ FL   85   334   62
11 Purcuant to	the provisions of Sections 607 0500	2 and 607 1508 Florida Statut	es the abo	we-named coroc	oration submits this statement for the pu	proces of changing its registered office
or registere	ed agent, or both, in the State of Flori	ida. Such change was authoriz	ed by the	corporation's boa	ard of directors. I hereby accept the app	pointment as registered agent. I am
familiar with			ì.		,	1/1000
SIGNATURE _	Willy I say	JAL JAL. Landittle Papplicable (NC	Y C Do to tour	d Agent signature requir	and whose estimated in the contract of the con	1/29/96
12.		ID DIRECTORS	13.	Agent Signa die reskin		FICERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.11	TOTAL E	ABBITOTO OF THOSE TO OF	Charge Addition
	SEGAR, BETTY	L. Detter	1.2 N	]		
NAME	6212 WINDLASS CIRCLE					
STREET ADDRESS	BOYNTON BEACH FL			TREET ADDRESS		
CITY-\$1-ZIP				ITY-ST-ZIP		Change Addition
TITLE	ABRAMS, SHARON	DELETE	2.1			L] change L] Addition
NAME	15500 CEDAR BLUFF PLAC	^E	22 N			
STREET ADDRESS	WELLINGTON FL	JL	2.3 5	TREET ADDRESS		
CITY-ST-ZIP	WELLINGTON PL	A 1-1 Aug 144 141 141 141 141 141 141 141 141 14	240	ITY-ST-ZIP		
TITLE	S APPARAGE PARAGE	DELETE	3.1	TITLE		Change Addition
NAME	ABRAMS, BARRY	0.5	32 N	IAME		
STREET ADDRESS	15,500 CEDAR BLUFF PLA	iÚt.	33 :	STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON FL		3.4 0	CITY-ST-ZIP		
TITLE	T	☐ DELETE	4. 1	TITLE	21 - 240 - 2	Change Addition
NAME	SEGAR, BETTY		4.2 N	IAME		
STREET ADDRESS	6212 WINDLASS CIRCLE		4.3 \$	TREET ADDRESS		
CHY-S1-ZIP	BOYNTON BEACH FL			CITY-ST-ZIF		!
TITLE		DELETE	5.1			Change Addition
11156			<b>.</b> - '			<del></del>

14. Ido 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 eath; 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.

5.2 NAME

6.1 THLE

62 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.4 CITY - ST - ZIP

SIGNATURE:

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DELETE

Daytime Phone #

Change

Addition