

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

FILED  
Mar 30 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P94000045745 (4)

1. Corporation Name

FUNKY FOOD COVERS, INC.



Principal Place of Business

Mailing Address

P.O. BOX 9982  
BOYNTON BEACH FL 33424

P.O. BOX 3692  
BOYNTON BEACH FL 33424

1515 S. RIDGEWOOD AVE  
EDGEWATER, FL 32132

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified

06/15/1994

4. FEI Number

65-0515389

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 owes or has paid the current year intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SEGAR, BETTY

8212 WINDLASS CIRCLE

SUITE 18

BOYNTON BEACH FL 33462

1515 S RIDGEWOOD AVE  
EDGEWATER, FL  
32132

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

P  
NAME SEGAR, BETTY  
STREET ADDRESS 8212 WINDLASS CIRCLE  
CITY-ST-ZIP BOYNTON BEACH FL

TITLE ☐ DELETE

VP  
NAME ABRAMS, SHARON  
STREET ADDRESS 15500 CEDAR BLUFF PLACE  
CITY-ST-ZIP WELLINGTON FL

TITLE ☐ DELETE

S  
NAME ABRAMS, BARRY  
STREET ADDRESS 15,500 CEDAR BLUFF PLACE  
CITY-ST-ZIP WELLINGTON FL

TITLE ☐ DELETE

T  
NAME SEGAR, BETTY  
STREET ADDRESS 8212 WINDLASS CIRCLE 1515 S. RIDGEWOOD AVE  
CITY-ST-ZIP BOYNTON BEACH FL NEW STREET FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

1515 S RIDGEWOOD AVE  
EDGEWATER, FL 32132

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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.

SIGNATURE *Betty Segar* BETTY SEGAR PRES 3-24-98

CR2E034 (10/97)