

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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90023 041 ***150.00

DOCUMENT # P94000045745

1. Corporation Name

FUNKY FOOD COVERS, INC.



Principal Place of Business

1515 S RIDGEWOOD AVE
EDGEWATER FL 32132
US

Mailing Address

P.O. BOX 3692
BOYNTON BEACH FL 33424

DO NOT WRITE IN THIS SPACE

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 the current year intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

21 **25**

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

26 **27** **28** **29** **30**

9. Name and Address of Current Registered Agent

SEGAR, BETTY
1515 S RIDGEWOOD AVE
SUITE 18
EDGEWATER FL 32132

10. Name and Address of New Registered Agent

81 Name **ABRAMS, SHARON**

82 Street Address (P.O. Box Number is Not Acceptable)
15500 CEDAR BLUFF PL.

83

84 City **WELLINGTON**

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

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

SHARON ABRAMS
(NOTE: Registered Agent signature required when reinstating)

PRESIDENT
DATE

4-22-99

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE

NAME **SEGAR, BETTY**
STREET ADDRESS **1515 S RIDGEWOOD AVE**
CITY-STATE-ZIP **EDGEWATER FL 32132**

TITLE **VP** ☐ DELETE

NAME **ABRAMS, SHARON**
STREET ADDRESS **15500 CEDAR BLUFF PLACE**
CITY-STATE-ZIP **WELLINGTON FL**

TITLE **S** ☐ DELETE

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

TITLE **T** ☒ DELETE

NAME **SEGAR, BETTY**
STREET ADDRESS **1515 S RIDGEWOOD AVE**
CITY-STATE-ZIP **EDGEWATER FL 32132**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition

1.2 NAME **ABRAMS, SHARON**
1.3 STREET ADDRESS **15500 CEDAR BLUFF PL.**
1.4 CITY-STATE-ZIP **WELLINGTON, FL.**

2.1 TITLE **VP** ☐ Change ☒ Addition

2.2 NAME **HESS, BONNA**
2.3 STREET ADDRESS **408 SANDPIPER CT**
2.4 CITY-STATE-ZIP **EDGEWATER, FL 32132**

3.1 TITLE **S/T** ☒ Change ☐ Addition

3.2 NAME **ABRAMS, BARRY**
3.3 STREET ADDRESS **15500 CEDAR BLUFF PL.**
3.4 CITY-STATE-ZIP **WELLINGTON FL.**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 a letter like empowered.

SIGNATURE:

Sharon Abrams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHARON ABRAMS
Date

Date

Daytime Phone #

CR2E034 (11/98)