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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P94000086996 (3)

FATBOYS, INC.

## **FILED** Apr 15 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address					4108 6101 (AB)
596 N. STATE RD. 7 HOLLYWOOD FL 33021 US		596 N. STATE RD. 7 HOLLYWOOD FL 33021					
					DO NOT WRITE IN THIS SPACE		
US		US			3. Date Incorporated or Qualified	S SPACE	
					11/30/1994		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	1 14	pplied For
26		├-¬ ~			65-0539131	— <del>– –</del>	ot Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.				Additional	
22		27		5. Certificate of Status Desired	•	equired	
City & State	θ	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution Added to Fees		
Zip	Country	Zip	,		8. This corporation owes or has paid the		_ ~
25 29 3 9. Name and Address of Current Registered Agent				Personal Property Tax due June 30. Yes No			
	<del></del>	nt Hegistered Agent		1 Name	10. Name and Address of New Registers	d Agent	
	SEPH GOLDMAN		°	Name			
596 N STATE ROAD 7			8	2 Street Ad	dress (P.O. Box Number is Not Acceptable)		
SUITE 900 HOLLYWOOD FL 33021				3			
nu	JULI 17000 FL 33021		l°				
			8	4 City	F	85 Zip	Code
44 Durament	to the provisions of Postions 607 OF	02 and 607 1509 Florida Ptatu	ina tha ala		prporation submits this statement for the purpose		
office or re	egistered agent, or both, in the State	e of Florida. Such change was	authorized I	by the corpor	ration's board of directors. I hereby accept the a	ppointment as	registered
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505, Fl	orida Statut	es.			
SIGNATURE	Signature, typed or printed name of registered ag	pent and tille if applicable (NO:	IF: Registered A	gent signature reg	quired when reinstating) DATE		<del></del>
12.		ND DIRECTORS	13.	gent organizate rou	ADDITIONS/CHANGES TO OFFICERS A		R\$ IN 12
TITLE	D	☐ DELETE	1.1 71748			Change	Addition
NAME	<b>G</b> OLDMAN, JOSEPH G		1.2 NAM	E			
STREET ADDRESS	1430 NE 41ST ST		1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL 33334		1.4 CITY	- ST - ZIP			
TITLE	5	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME	COYLE, JULES		2.2 NAM	E			
STREET ADDRESS	1430 NE 41ST ST		23 STRE	ET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL		2 4 CITY				
TITLE		☐ DELETE	31 TITLE			☐ Change	Addition
NAME			3 2 NAMI				
STREET ADDRESS			33 STAE	et address			
CITY-ST-ZIP		l briere	3.4. CITY			110	Amata:
TITLE		∐ DELETE	4.1 TITLE			Change	Addition
NAME DEDUCES ADDRESS			4. 2 NAM				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP TITLE	<u> </u>	DELETE	4.4 CITY - 5.1 TITLE			Change	Addition
NAME		- veerit	5.1 TITLE 5.2 NAMI			— Juange	· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			5.4 CITY				
TITLE		☐ DELETE	6.1 TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition
NAME			6.2 NAM8				_
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			6.4 CITY				
14. hereby c	ertify that the information supplied v	with this filing does not qualify f	or the exem	ption stated i	in Section 119.07(3)(i), Florida Statutes. I further	certify that the	information
officer or o	director of the corporation or the rec	eiver or trustee empowered to	curate and t execute this	nat my signat s report as re	iture shall have the same legal effect as if made equired by Chapter 607, Florida Statutes; and the	under oath; tha at my name ab	at I am an pears in
Block 12 c	or <b>Bloc</b> k 13 if changed, or on an atta	achment with an address.					