PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
May 14 1997 8:00am
Secretary of State

DOCUMENT # P95000045494

1. Corporation Name

THUNDERBUNNY, INC.

[redacted]

Principal Place of Business	Mailing Address
1483 NW 7 AVENUE MIAMI, FL 33136	1483 NW 7 AVENUE MIAMI, FL 33136

3. Date Incorporated or Qualified: 6/06/1995	3a. Date of Last Report: 5/01/96
4. FEI Number: 65-0591419	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$0.75 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	

2. Principal Place of Business	2a. Mailing Address
21	20
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23	City & State: 28
Zip: 24 / Country: 25	Zip: 29 / Country: 30

9. Name and Address of Current Registered Agent

TERRY J. FORMAN
1521 SW LEJEUNE ROAD
CORAL GABLES, FL 33134

10. Name and Address of New Registered Agent

31 Name

32 Street Address (P.O. Box Number is Not Acceptable)

33

34 City: FL / 35 Zip Code

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) (DATE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	CLEIN, JOSEPH WILLIAM MICHAEL	12 NAME	
STREET ADDRESS	1483 NW 7 AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33136	14 CITY-ST-ZIP	
TITLE	AS ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	FORMAN, TERRY J.	22 NAME	
STREET ADDRESS	1521 SW LEJEUNE ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134	24 CITY-ST-ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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***165.00

14. I do 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: _____ TERRY J. FORMAN 4/28/97 (305) 444-5724

(SIGNATURE AND TYPED OR PRINTED NAME OF PERSON SIGNING) (DATE) (Daytime Phone #)