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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000089072 (8)**

1. Corporation Name
MR. LUCKY COMPANY

Principal Place of Business	Mailing Address
1287 W. PALMETTO PARK RD. BOCA RATON FL 33486	1287 W. PALMETTO PARK RD. BOCA RATON FL 33486-3301

3. Date Incorporated or Qualified: 10/28/1996
3a. Date of Last Report: ~~to reflect~~

2. Principal Place of Business	2a. Mailing Address
21 130 N.W. 20TH ST	26 130 N.W. 20TH ST.
Suite, Apt. #, etc. 22 UNIT 20	Suite, Apt. #, etc. 27 UNIT 20
City & State 23 BOCA RATON FL	City & State 28 BOCA RATON FL
Zip 24 33431 Country 25 U.S.A.	Zip 29 33431 Country 30 U.S.A.

4. FEI Number — ☑ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

COHEN, BERNARD
1287 W. PALMETTO PARK RD.
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

81 Name: BERNARD COHEN
82 Street Address (P.O. Box Number is Not Acceptable): 130 N.W. 20TH ST UNIT #20
83 BOCA RATON FL 33431
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: BERNARD COHEN 1/13/97
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D COHEN, BERNARD 1287 W. PALMETTO PARK RD. BOCA RATON FL 33486 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	COHEN BERNARD 130 N.W 20TH ST UNIT 20 BOCA RATON FL 33431 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COHEN, ADELE 1287 W. PALMETTO PARK RD. BOCA RATON FL 33486 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	COHEN ADELE 130 N.W 20TH ST. UNIT 20 BOCA RATON FL 33431 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARON, MICHAEL 1287 W. PALMETTO PARK RD. BOCA RATON FL 33486 ☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	500002065815 -01/23/97--01017--033 ***165.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

1/23 JC

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: BERNARD COHEN 1/13/97 1-561-994-6666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #