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**May 18, 2001 8:00 am**
**Secretary of State**
05-18-2001 91579 008 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT
2001

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

DOCUMENT # P98000045704
1. Corporation Name
FAV INC.

[redacted]

| Principal Place of Business | Mailing Address |
|---|---|
| 90 MERRICK AVE.<br>EAST MEADOW, NY 11554 | |

DO NOT WRITE IN THIS SPACE

| | | | |
|---|---|---|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified | 5-20-98 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number | 22-3549875 (Applied For / Not Applicable) |
| City & State 23 | City & State 28 | 5. Certificate of Status Desired ☐ | $8.75 Additional Fee Required |
| Zip 24 / Country 25 | Zip 29 / Country 30 | 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

SAPIR, M. RICHARD
KAYE SCHOLER FIERMAN HAYS & HANDLER
777 SOUTH FLAGLER DR.
WEST TOWER - STE 1002
W. PALM BEACH, FL 33401

10. Name and Address of New Registered Agent

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] 4/23/01
Signature required of named 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 | P | ☐ DELETE | 1.1 TITLE | ☒ Change ☐ Addition |
| NAME | FRANK PAPPACODA | | 1.2 NAME | |
| STREET ADDRESS | 87 PENINSULA DR | | 1.3 STREET ADDRESS | 547 KIME AVE. |
| CITY-ST-ZIP | BABYLON N | | 1.4 CITY-ST-ZIP | W. ISLIP NY 11795 |
| TITLE | S | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | VINCENT FERRARA | | 2.2 NAME | |
| STREET ADDRESS | 141-11 11TH AVE | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MALBA NY Malba, N.Y. | | 2.4 CITY-ST-ZIP | |
| TITLE | VP | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | ANTHONY CIVITANO Civitano | | 3.2 NAME | |
| STREET ADDRESS | 165 PACE DR | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | WEST ISLIP NY | | 3.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-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 added on an attachment with an address.

SIGNATURE: [signature] COO 4-20-01 516 542-1083
SIGNATURE AND TYPED OR PRINTED NAME OF REQUIRED OFFICER OR DIRECTOR Date Telephone number

000270