

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **S01366** (1)

95 FEB 24 PM 4:09

1. Corporation Name
SUBAR VENTURES, INC.

Principal Place of Business
**1140 KENNEDY CSWY
BOX 546427
SURFSIDE FL 33154
US**

Mailing Address
**1440 KENNEDY CSWY
BOX 546427
SURFSIDE FL 33154
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/20/1990**
3a. Date of Last Report: **02/03/1994**
4. FEI Number: **59-3031723**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Director Change Fee: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under S. 199(3)(f) Florida Statutes: Yes No

2. Principal Place of Business
21. **1440 KENNEDY CSWY**
22. Suite, Apt. #, etc: **SUITE 314**
23. City & State: **N. BAY VILLAGE FL**
24. Zip: **33141** 25. Country: **DADE**

2a. Mailing Address
26. **P.O. BOX 546437**
27. Suite, Apt. #, etc.
28. City & State
29. Zip
30. Country

9. Name and Address of Current Registered Agent
**CROCKER, ROBERT J.
1440 KENNEDY CSWY
(BOX 546427)
SURFSIDE FL 33154**

10. Name and Address of New Registered Agent
B1. Name
B2. Street Address (P.O. Box Number is Not Acceptable)
B3.
B4. City
B5. State: **FL**
B6. 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 _____ Date _____

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CROCKER, ROBERT J.
STREET ADDRESS	1440 KENNEDY CSWY, #314
CITY, ST, ZIP	N BAY VILLAGE FL
TITLE	DV
NAME	CARLOZZI, ANGELO
STREET ADDRESS	1440 KENNEDY CSWY, #314
CITY, ST, ZIP	N. BAY VILLAGE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, IN:

Change Addition

Remove Change Addition

Carlozzi Angelo
1440 Kennedy Cswy #314
N. Bay Village FL

1. TITLE	
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct, and that the information is not false or misleading. I do hereby certify that the information is true and correct, and that the information is not false or misleading. I do hereby certify that the information is true and correct, and that the information is not false or misleading.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-95
1305/866 8211