

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S80317 (8)**

1. Corporation Name
TUBBY, INC.



Principal Place of Business *93 W Arborwood Circle*
~~6177 N TROPICAL TRAIL MERRITT ISLAND FL 32953~~
143 SCORPIONS CT. DAVIE FL 33328
~~MERRITT ISLAND, FL 32953~~

3. Date Incorporated or Qualified **09/13/1991** 3a. Date of Last Report **04/17/1995**
4. FEI Number **59-3098198** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Country 30

9. Name and Address of Current Registered Agent
PALERMO, ANTHONY
~~6177 N TROPICAL TRAIL MERRITT ISLAND FL 32953~~

10. Name and Address of New Registered Agent
81 Name **MARGARET PALERMO**
82 Street Address (P.O. Box Number is Not Acceptable) **93 W ARBORWOOD CIRCLE**
83
84 City **DAVIE** FL 85 Zip Code **33328**

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 *Margaret Palermo* DATE **4/16/96**

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PALERMO, ANTHONY	
STREET ADDRESS	6177 N TROPICAL TR.	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PALERMO, LORENA	
STREET ADDRESS	6177 N TROPICAL TR	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	Treas	<input type="checkbox"/> DELETE
NAME	MARGARET PALERMO	
STREET ADDRESS	93 W ARBORWOOD CIR	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
10. NAME	Treas
11. STREET ADDRESS	MARGARET PALERMO
12. CITY-ST-ZIP	93 W ARBORWOOD CIRCLE DAVIE FL 33328
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY-ST-ZIP	
21. TITLE	
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	

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*****200.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Margaret Palermo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **Feb 7 - 96**
FILE NO: **SG 5-1-96**

CR2E034 (12/95)