FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

AND FILED
95 MAY -1 AM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V03805 (1)

1. Corporate Name
DOCTOR FEELGOODE'S BOOGIE WOOGIE EMPORIUM INC.

Principal Place of Business
2249 LAZY LANE
LAZY LAKE FL 33305

Mailing Address
2249 LAZY LANE
LAZY LAKE FL 33305

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/30/1991
3a. Date of Last Report: 01/24/1994

2. Principal Place of Business
21 2471 E Commercial Blvd
22 Suite, Apt. #, etc.
23 City & State: FT LAUDERDALE FL
24 Zip: 33308 25 County: BROWARD

2a. Mailing Address
26 2249 LAZY LANE
27 Suite, Apt. #, etc.
28 City & State: LAZY LAKE FL
29 Zip: 33305 30 County: BROWARD

4. FEI Number: ~~65-0208770~~ 65-0308779 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Check Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. Is your corporation conducting business under Chapter 517, Florida Statutes? ☐ yes ☑ no

9. Name and Address of Current Registered Agent
FODERA, JOSEPH
2249 LAZY LANE
LAZY LAKE FL 33305

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 Section 607.0501, 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 agree to comply with the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1
TITLE D NAME FODERA, JOSEPH STREET ADDRESS 2249 LAZY LANE CITY, ST, ZIP LAZY LAKE FL	TITLE P ☐ Change ☑ Add
	TITLE S T D ☐ Change ☑ Add NAME Alex Charlton STREET ADDRESS 1120 Quinn Palm Ct CITY, ST, ZIP Hollywood Fl 33019
	☐ Change ☐ Add
	☐ Change ☐ Add
	☐ Change ☐ Add
	☐ Change ☐ Add

14. I hereby certify that the information supplied with this filing is accurate, complete and correct as of the date of filing, for the purposes stated in Section 607.0505, Florida Statutes. Further certify that the information contained in the annual report or supplemental annual report is true and correct 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 the report as required by Chapter 607, Florida Statutes, and that my name appears above, or on an attached report, or otherwise furnished with an address.

SIGNATURE: [signature] 4/15/95 305-491-7440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0212340 CP