

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

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Wanda B. Marthom
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # P98080145704
Corporate Name
FAV, INC.

50 MAY 20 1995

Principal Place of Business Mailing Address
90 MERRICK AVE.
EAST MEADOW, NY 11554

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21. Sate, Apt #, etc	28. Sate, Apt #, etc	22-3594875	Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23. Zip	29. Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24. Country	30. Country	8. This corporation owes or has paid the current year's intangible Personal Property Tax due June 30	Yes <input type="checkbox"/> No <input type="checkbox"/>

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SAPIR, M. RICHARD 222 LAKEVIEW AVE SUITE 1400 WEST PALM BEACH FL 33401	81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. City 84. State

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 4/30/99

OFFICERS AND DIRECTORS		ADDITIONAL CHARGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11. TITLE	12. NAME
<input type="checkbox"/> DELETE	P FRANK PAPPACODA 87 PENINSULA DR BABYLON N	<input type="checkbox"/> Change <input type="checkbox"/> Add:	
<input type="checkbox"/> DELETE	S VINCENT FERRAR 141-11 11TH AVE MELBA N	<input type="checkbox"/> Change <input type="checkbox"/> Add:	
<input type="checkbox"/> DELETE	VP ANTHONY CANTONO 165 PACE DR WEST ISLIP NY	<input type="checkbox"/> Change <input type="checkbox"/> Add:	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Add:	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Add:	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Add:	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Add:	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption listed in Section 119.07(3)(c), 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. 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 my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *[Signature]* V.P. 4-29-99 516 542-1008