

FILED
Jun 13, 2000 8:00 am
Secretary of State

06-13-2000 90053 007 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT 2000	FLORIDA DEPARTMENT OF STATE Brenda B. Martham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **098000045704** ✓
1. Corporation Name
FAV INC.

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

DO NOT WRITE IN THIS SPACE

21. Principal Place of Business	22. Mailing Address	3. Date Incorporated or Qualified 5-20-98	4. FEI Number 22-3599875	Applied For Not Applicable
23. State, Apt. #, etc.	24. State, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
25. City & State	26. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
27. Zip	28. Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		
29. Zip	30. Country	10: Name and Address of New Registered Agent		

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation swears 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]* DATE **4/25/00**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	STREET ADDRESS	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
CITY - ST - ZIP	CITY - ST - ZIP	2.1 TITLE	2.2 NAME
<input type="checkbox"/> DELETE	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
P	FRANK PAPPACODA	3.1 TITLE	3.2 NAME
87 PENINSULA DR	BABYLON N	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
<input type="checkbox"/> DELETE	<input type="checkbox"/> DELETE	4.1 TITLE	4.2 NAME
S	VINCENT FERRAR	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
<input type="checkbox"/> DELETE	<input type="checkbox"/> DELETE	5.1 TITLE	5.2 NAME
141-11 11TH AVE	MELBA N	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
<input type="checkbox"/> DELETE	<input type="checkbox"/> DELETE	6.1 TITLE	6.2 NAME
VP	ANTHONY CANTONO	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP
<input type="checkbox"/> DELETE	<input type="checkbox"/> DELETE		
185 PACE DR	WEST ISLIP NY		
<input type="checkbox"/> DELETE	<input type="checkbox"/> DELETE		

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 on an attachment with an address.

SIGNATURE: *[Signature]* V.P. **4-24-00** **516 542-100**

SIGNATURE AND TYPED OR PRINTED NAME OF INCORPORATED OFFICER OR DIRECTOR