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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P92000004782 (8)

Mailing Address

FUNTEC, INC.

DOCUMENT #

Principal Place of Business

895 N. STATE ROAD 427 LONGWOOD FL 32750

| | | | | | | 3. Date Incorporated or Qualified 11/16/1992 | | of Last Re 07/03/1 | 995 |
|------------------------|---|----------------------------------|----------------|---------------------|---|---|-----------------------------------|-----------------------|-----------------|
| 2. Principal Plac | ce of Business | 2a. Mailing Address | | | 4. FEI Number 59-3162212 | Applied For Not Applicable | | | |
| Suite, Apt. #. | etc. | Suite Apt. #, etc. | | | 5. Certificate of Status Desired | | \$8.75 Additional Fee Required | | |
| City & State | | City & State | | | 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees | | | | |
| Zip 24 | Country 25 | Ζφ [29] | 30 | untry | <u> </u> | This corporation has liability for Florida Statutes | intangible ta s | ax under s | 199.032, |
| 24 | 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | | |
| | 5. Italic and records | | | 81 | Name | | | | |
| COHEN, PETER | | | | | Street Add | lress (P.O. Box Number is Not Accepta | ble) | | |
| | ORTH STATE ROAD 427 | | | | | | | | |
| LONGWOOD FL 32750 | | | | 81 84 | City | | FL | 85 Zi | p Code |
| SIGNATURE | Signature, typied or printed serve of regidener age: OFFICERS AI | ND DIRECTORS | (NOTE Beyeller | | f signature halpto | ভো কারণ ক্রিটা ভূ ADDITIONS/CHANGES TO OF | | | |
| TITLE | Р | DELETE | 1 1 | TITLE | | | | ☐ Change | Addition |
| NAME | COHEN, PETER | | 1 2 | NAME | | | | | |
| STREET ADDRESS | 895 N. STATE ROAD 427 | | 13 | STREET | r addréss | | | | |
| CITY-ST-ZIP | LONGWOOD FL 32750 | | 14 | City-5 | ST - Z -P | | | | FT Addition |
| TITLE | | ☐ DELETE | 2 . | TITLE | | | | ☐ Change | Addition |
| NAME | | | | NAM | | | | | |
| STREET ADDRESS | | | | | I ADDRESS | | | | |
| CITY - ST - ZIP | | ☐ DELETE | | CITY : | | | | Change | Addition |
| TITLE | | | | NAME | | | | _ | — |
| NAME STREET ADDRESS | | | | | 1 ADDRESS | | | | |
| CHY-ST-ZIP | | | 3 4 | CITY - | ST-ZIP | | | | |
| TITLE | | ☐ DELE IE | 4 | 1 TITLE | | | | ☐ Change | ☐ Addition |
| NAME | | | 4.2 | NAME: | | | | | |
| STREET ADDRESS | | | 4.3 | STHEE | T ADDRESS | | | | |
| CITY-ST-ZIP | | | | | ST-ZIP | | | Change | Addition |
| TITLE | | ☐ DELETE | | 1 TITLE | ļ | | | Change | ☐ Addition |
| NAME | | | | NAME | | | | | |
| STREET ADDRESS | | | | | T ADDRESS | | | | |
| CITY - ST - ZIP | | DELETE | | 1 (11). 1 (11).E | ST - ZiP | | | ☐ Change | Addition |
| TITLE | | C Breeze | 1 | 2 NAME | | | | | |
| NAME CIDELL ADDRESS | | | | | EL ADDRESS | | | | |
| STREET ADDRESS | | | | | ST-ZIP | | | | |
| CHTY - ST - ZIP | | Z in this files is and establish | | | | by for the exemption stated in Section 1 | 19.07(3)(k). I | Iorida Stat | utes. I further |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and coos 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 early that I am an officer or director of the constraint or thus report or true tee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attraction with an aldress.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY

CR2E034 (12/95