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 # P93000028496 (6)

1. Corporation Name

FANTASY ESCORTS, INC.

Principal Place of Business	Mailing Address
1601 LISENBY AVE #D PANAMA CITY FL 32405 US	1815 W 15TH ST STE 17 PANAMA CITYU FL 32401 US

3. Date Incorporated or Qualified: 04/16/1993
3a. Date of Last Report: 06/21/1995

4. FEI Number: 59-3216584 ☐ 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: 1815 West 15th St.	26: 1815 West 15th St.
Suite, Apt. #, etc. 22: Suite 17	Suite, Apt. #, etc. 27: Suite 17
City & State 23: Panama City, Fl. 32401	City & State 28: Panama City, Fl
Zip 24: 32401 · Country 25: BAY	Zip 29: 32401 · Country 30: BAY

9. Name and Address of Current Registered Agent

WILSON, DENNIS M SR.
9842 BEDGOOD RD.
PANAMA CITY FL 32409

10. Name and Address of New Registered Agent

81 Name: Dennis M. Wilson Sr.
82 Street Address (P.O. Box Number is Not Acceptable): 6452 Stoney Pt. Road
83
84 City: Panama City FL 85 Zip Code: 32404

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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: X Dennis M Wilson — Date: 3/13/96

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	WILSON, DENNIS M SR.	
STREET ADDRESS	~~9842 BEDGOOD RD.~~	
CITY-ST-ZIP	~~PANAMA CITY FL 32409~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME	WILSON, Dennis M. SR.	
1.3 STREET ADDRESS	6452 Stoney Pt. Rd.	
1.4 CITY-ST-ZIP	Panama City, Fla 32404	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: X Dennis M Wilson — 3/13/96 — 904-769-6776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · Date · Daytime Phone #

CR2E034 (12/95)