

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

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AND
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95 APR 24 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DO NOT WRITE IN THIS SPACE.

DOCUMENT # **P94000009029 (7)**

1. Corporation Name
FUN FACTORY FRANCHISE SALES, INC. — The Fun Factory of Ocala, Inc.

Principal Place of Business
**1800 N MAIN ST
GAINESVILLE FL 32609**

Mailing Address
**1800 N MAIN ST
GAINESVILLE FL 32609**

3. Date Incorporated or Qualified
01/27/1994

3a. Date of Last Report

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 3435 SW ARCHER Rd		26 3435 SW ARCHER Rd		59-3225596		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		<input type="checkbox"/>			
23 City & State GAINESVILLE, FL		28 City & State GAINESVILLE, FL		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24 Zip 32608		25 Country USA		29 Zip 32608		30 Country USA	
29		30		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of Now Registered Agent			
SILVERMAN, PAUL R 1800 N MAIN ST GAINESVILLE FL 32609				81 Name SILVERMAN, PAUL R			
				82 Street Address (P.O. Box Number is Not Acceptable) 3435 SW ARCHER Rd			
				83			
				84 City GAINESVILLE		85 Zip Code 32608	

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: DATE: **3/27/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERMAN, PAUL R	1.2 NAME	
STREET ADDRESS	1800 N MAIN ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL 32609	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKOV, NANCY A	2.2 NAME	600001465006
STREET ADDRESS	1800 N MAIN ST	2.3 STREET ADDRESS	-04/26/95--01040--005
CITY - ST - ZIP	GAINESVILLE FL 32609	2.4 CITY - ST - ZIP	****200.00 ****200.00
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(3)(b), 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 hereon, or on an attachment with an address.

SIGNATURE: DATE: **3/27/95** (904) 335-5366