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

Mailing Address

805 S.W. S2ND STREET

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business

805 S.W. 52ND STREET

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P95000010532

FUNKTION ENTERPRISES, INC.

CAPE CORAL	FL 33914	CAPE CORAL FL 33914			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					02/06/1995
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number Applied F
21		26			65-0553468 Not Appli
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Addition
22		27			5. Certificate of Status Desired Fee Required
City & Sta	le	City & State			6. Election Campaign Financing S5.00 May E
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Co	untry	This corporation owes the current year Intangible
24	25	29	30		Personal Property Tax. Yes 🛱 No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registered Agent
				81 Name	
FUN	ik, eleanor j			82 Street Addr	ress (P.O. Box Number is Not Acceptable)
805 S.W. 52ND STREET				62 Street Addi	ess (F.O. Box Number is Not Acceptable)
CAP	E CORAL FL 33914			83	
					[and 7] Out
	·			84 City	FL 85 Zip Code
SIGNATURE	am familiar with, and accept the oblig			d Agent signature requires	d when reinstating) DATE
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN
TITLE	D	☐ DELETE	1.1 T	ITLE	☐ Change ☐ /
NAME	FUNK, ELEANOR J		12 N	AME	
STREET ADDRESS	805 S.W. 52ND STREET		1.3 5	TREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33914		1.4 0	ITY-ST-ZIP	
TITLE	VP	☐ DELETE	2.1 T	ITLE	☐ Change ☐
NAME	FUNK, ROBERT G		2.2 N	AME	
STREET ADDRESS	805 S.W. 52ND STREET		2.3 9	TREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33914		2.4	CITY-ST-ZIP	
TITLE		☐ DELETE	3,17	TILE	☐ Change ☐
NAME			3.2 N	IAME	
STREET ADDRESS			3.3 5	TREET ADDRESS	
CITY-ST-ZIP			3.4.	CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 1	ITLE	Change
NAME			4.2	NAME	
STREET ADDRESS			4.3 5	TREET ADDRESS	
CITY-ST-ZIP			4.4 (TTY-ST-ZIP	
TITLE	-	☐ DELETE	51 T	ITLE	☐ Change ☐

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 chapter 607, or on an attachment with an address, with all other like empowered. SIGNATURE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

Change

May 06, 1999 8:00 am Secretary of State

05-06-1999 90189 016 ***150.00

Addition