

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90127 045 \*\*\*150.00

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750)

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000043062  
1. Corporation Name  
FANTASYWORLD MANAGEMENT SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
5745 MASTERS BOULEVARD  
ORLANDO FL 32819

Mailing Address  
5745 MASTERS BOULEVARD  
ORLANDO FL 32819

3. Date Incorporated or Qualified  
05/11/1988  
4. FEI Number  
59-3510070  
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 owes the current year Intangible Personal Property.  Yes  No

2. Principal Place of Business  
21  
2a. Mailing Address  
26  
22  
23  
24  
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30

9. Name and Address of Current Registered Agent  
ABRAMS, LEHN E ESQ  
801 NORTH MAGNOLIA AVENUE  
SUITE 201  
ORLANDO FL 32803

10. Name and Address of New Registered Agent  
81 Name  
GREGORY M WHITE  
82 Street Address (P.O. Box Number is Not Acceptable)  
1302 ORANGE AV.  
83  
84 City  
WINTER PARK FL 85 Zip Code  
32789

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 *Gregory M White* GREGORY M WHITE 7-15-99  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	DELE
NAME	BRADY, DONALD G
STREET ADDRESS	5745 MASTERS BOULEVARD
CITY-ST-ZIP	ORLANDO FL 32819
TITLE	DELE
NAME	NELSON, BRUCE A
STREET ADDRESS	1817 WILTON AVENUE
CITY-ST-ZIP	ORLANDO FL 32805
TITLE	DELE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DELE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DELE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
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
4.2 NAME		
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(f), 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: *David E. Gray* SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR  
Date: 8/10/99 Daytime Phone #: 407-396-1808

CR2E034 (5/99)