

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **S42331 (6)**

1. Corporation Name
FANTASY SPORTS FORECASTING SERVICE, INC.

95 MAY -1 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: P.O. BOX 706 WINDERMERE FL 34786-0706
Mailing Address: P.O. BOX 706 WINDERMERE FL 34786-0706

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/01/1991**
3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59-3061722**
Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financial Trust Fund Contribution: **\$5.00 May Be Added to Fees**

7. This corporation has liability for discharge under 511(b)(1)(C) of the Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26

State: 22 City & State: 27

23

24 25 29 30

9. Name and Address of Current Registered Agent

HEALY, DANIEL R.
111 E FAIRBANKS
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City, State, Zip Code
FL 85

11. I, the undersigned, certify that the information supplied with this filing is true and correct, and that the information is true and correct as of the date of filing. I am a director, officer, or shareholder of the corporation and I am authorized to execute this report on behalf of the corporation. I am a director, officer, or shareholder of the corporation and I am authorized to execute this report on behalf of the corporation.

DISCLAIMER

12. DIRECTOR AND OFFICER LIST

NAME	D HEALY, DANIEL R.
ADDRESS	9633 LEESIDE CT WINDERMERE FL
NAME	
ADDRESS	
NAME	
ADDRESS	
NAME	
ADDRESS	
NAME	
ADDRESS	
NAME	
ADDRESS	
NAME	
ADDRESS	
NAME	
ADDRESS	
NAME	
ADDRESS	

13. ADDITIONAL QUALIFIED OFFICERS AND SHAREHOLDERS

NAME	P/T/S/D HEALY, DANIEL R.	<input checked="" type="checkbox"/>
ADDRESS	9633 LEESIDE CT WINDERMERE, FL 34786	
NAME		<input type="checkbox"/>
ADDRESS		
NAME		<input type="checkbox"/>
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NAME		<input type="checkbox"/>
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NAME		<input type="checkbox"/>
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NAME		<input type="checkbox"/>
ADDRESS		

14. I, the undersigned, certify that the information supplied with this filing is true and correct, and that the information is true and correct as of the date of filing. I am a director, officer, or shareholder of the corporation and I am authorized to execute this report on behalf of the corporation. I am a director, officer, or shareholder of the corporation and I am authorized to execute this report on behalf of the corporation.

SIGNATURE: *Daniel R. Healy* DANIEL R. HEALY 4/28/95 (407) 629-9484 ext 218
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR