FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 1:45

DOCUMENT # **P19587** **(5)**

1. Corporation Name
#1 FUN, INC.

Principal Place of Business	Mailing Address
1901 RAYMOND DRIVE SUITE 7 NORTHBROOK IL 60062	1901 RAYMOND DRIVE SUITE 7 NORTHBROOK IL 60062

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/09/1988
3a. Date of Last Report: 05/25/1994

2. Principal Place of Business
21 Oakmont Terrace
Suite, Apt. #, etc.
22 4805 Cortez Rd, West
City & State
23 Bradenton, FL
Zip 24 34210 Country 25 USA

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 36-2851999 ☐ 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

9. Name and Address of Current Registered Agent

SABA, RICHARD D.
1390 MAIN STREET
SUITE 824
SARASOTA FL 34236

10. Name and Address of New Registered Agent

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

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
(Signature, Typed or Printed Name of Registered Agent, and Title, if applicable) NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	11 TITLE	☒ Change ☐ Addition
NAME	JACOBS, LESLIE	12 NAME	
STREET ADDRESS	~~1185 DEERFIELD PLACE~~	13 STREET ADDRESS	469 E. ROYAL FLAMINGO Dr
CITY ST ZIP	~~HIGHLAND PARK IL~~	14 CITY ST ZIP	SARASOTA, Florida 34236
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	KAHAN, MARC A.	22 NAME	
STREET ADDRESS	1886 N MAUD AVE	23 STREET ADDRESS	
CITY ST ZIP	CHICAGO IL	24 CITY ST ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	KAHAN, DONNA	32 NAME	
STREET ADDRESS	1100 N. LAKESHORE DRIVE	33 STREET ADDRESS	
CITY ST ZIP	CHICAGO IL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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 this 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 above, or on an attached sheet with an address.

SIGNATURE: [signature] President MARC A. KAHAN 3/9/95 708-VJ98606
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Title Daytime Phone #

0407765 FP