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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 605687

(3)

FUNTIME U.S.A., INC.

F	ILED								
May 08	1997	8:00am							
Secretary of State									

Principat Place DAYTONA MA 236 N. NOVA		Mailing Address C/O OWEN SOLOWEY 121 TARRYTOWN TRAIL LONGWOOD FL 32750-38	69	***************************************	3. Date Incorporated or Qualified	3a. Date of	Last Re	
2 December	Illean of D. sinco	2a. Mailing Address			01/05/1979 4. FEI Number	07/16/1		-U
2. Principal i	Place of Business	2a. Maining Address			59-1873613			plied For Applicable
Suite, Apt	#. etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7		dditional
City & Sta	ite	City & State			6. Election Campaign Financing	\$	5.00 ı	May Be
23		28			Trust Fund Contribution	<u> </u>	Added to	Fees
Zip 24	Country 25	Zip 29	Count	ry		Yes 🔲 No)	199.032,
	9. Name and Address of Currer	nt Registered Agent		<u> </u>	10. Name and Address of New Re	gistered Agen	<u>t</u>	
	LOWEY, OWEN 1 TARRYTOWN TRAIL		8		ress (P.O. Box Number is Not Acceptab	ie)		
LO	NGWOOD 32750				1000 (1.0. 00. 10.1001)		<u></u>	······································
]6	3				
			8	4 City		FL 85	Zip C	ode
11. Pursuant office or	t to the provisions of Sections 607.050 reg stered agent, or both, in the State	2 and 607.1508, Florida Statu of Florida. Such change was	ites, the abo authorized	ve-named cor by the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of char of the appointm	iging its ent as r	registered registered
SIGNATURE.		ations of, Section 607.0505, Fi	ionoa siaidi	6 8.				
	Signature, typest or printed name of registered ago			gent signature requ	ired when reinstating)	DATE		
12.	OFFICERS AN	D DIRECTORS DELETE	13.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFIC		ECTORS	S IN 12 Addition
TITLE NAME	SOLOWEY, OWEN NEIL	L. DECEN	1.1 TITUE 1.2 NAM	1		L. (TRANGE	L_J Addition
STREET ADDRESS	ANA TANNIMALINI PRAM			ET ADDRESS				
City-St-ZiP	LONGWOOD FL		1.4 City					
THILE	T	☐ DELETE	21 TITLI				hange	☐ Addition
NAME	SOLOWEY, OWEN NEIL		2.2 NAM	£				
STEEF LADORESS			2.3 STRE	ET ADDRESS				
CHTY-ST-7IP	LONGWOOD FL			-ST-ZIP				
THLE	VS SOLOMEY MADIA A	DELETE	3.1 TITLE			_ <u>∦</u> ⊔(Change	Addition
NAME czecki apopecii	SOLOWEY, MARLA A. 121 TARRYTOWN TRAIL		3.2 NAM					
STREET ADDRESS CITY+ST-70P	LONGWOOD FL			ET ADDRESS '- ST-ZIP				
TITLE		DELETE	4.1 TITLE				Change	Addition
NAME			4 2 NAM	le }				
STREET ADDRESS			4.3 STRE	ET ADDRESS				
CHY-ST-2IF	<u> </u>		4.4 CITY	-ST-ZIP				
TITLE		DELETE	5.1 TITLE				Change	Addition
N4Mí			5.2 NAM	E				
STREET ADDRESS			L	ET ADDRESS				
CITY - ST - ZIP		——————————————————————————————————————		-ST-ZIP				1.00
TITLE		DELETE	6.1 TITLI				Change	Addition
NAME			6.2 NAM	i				
STHEET ADDRESS				ET ADORESS				
CITY-ST-Z:P	<u> </u>		64 CITY	- \$1 - ZIP				

1. I do 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 changed, or on an attachment with an address.

SIGNATURE:

COSTANTA TO CONTREGUISTED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFIGR OR DIRECTOR

4/25/97 407.332-5130

KOTIO #