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May 07 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 701289 (1)

1. Corporation Name

THE FUN LOVERS, INC.



Principal Place of Business

Mailing Address

413 S. D STREET
BENJAMIN E. SIMS
PENSACOLA FL 32501413 S. D STREET
BENJAMIN E. SIMS
PENSACOLA FL 32501-33303. Date Incorporated or Qualified
08/10/19603a. Date of Last Report
04/29/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEWIS, MARTIN D
413 SOUTH D STREET
PENSACOLA FL 32501

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	POE, DONALD	
STREET ADDRESS	413 S D ST	
CITY-ST-ZIP	PENSACOLA, FL 00000	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	BROOKS, RAYMOND	
STREET ADDRESS	413 S D ST	
CITY-ST-ZIP	PENSACOLA FL	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	POE, ROMONA	
STREET ADDRESS	413 S D ST	
CITY-ST-ZIP	PENSACOLA, FL 00000	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	S	<input type="checkbox"/> DELETE
NAME	BARRIOS, BETTY	
STREET ADDRESS	413 S 'D' STREET	
CITY-ST-ZIP	PENSACOLA, FL 00000	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	P	<input type="checkbox"/> DELETE
NAME	LEWIS, MARTIN	
STREET ADDRESS	413 S D ST	
CITY-ST-ZIP	PENSACOLA FL 32501	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SIMS, VIOLA	
STREET ADDRESS	413 S D ST	
CITY-ST-ZIP	PENSACOLA FL 32501	

6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	GOODWIN, LOLA
6.3 STREET ADDRESS	413 S'D ST
6.4 CITY-ST-ZIP	PENSACOLA, FL 32501

14. 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Betty Barrios (Secretary)

4/21/97

904-438-7463

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0072418

CR2E037 (9/96)