

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

FILED
Apr 02 1997 8:00am
Secretary of State

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # F97865 (2)

1. Corporation Name:

FUN & SUN SHOP, INC.

Principal Place of Business

Mailing Address

12925 E GULF BLVD
MADEIRA BEACH FL 33708

12925 E GULF BLVD
MADEIRA BEACH FL 33708-2656

3. Date Incorporated or Qualified

08/30/1982

3a. Date of Last Report

04/20/1996

2. Principal Place of Business

2a. Mailing Address

21 12927 E GULF BLVD

26 12927 VILLAGE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Box 12

27 Box 12

City & State

City & State

23 MADEIRA BEACH, FL

28 MADEIRA BEACH, FL

Zip

Zip

Country

Country

24 33708

29 33708

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MASTRY, DON
380 CENTRAL AVE SUITE 1500
ST PETERSBURG FL 33731

81 Name

MARY E COATES

82 Street Address (P.O. Box Number is Not Acceptable)

12264 144th STREET

83

84 City

LARGO

FL

85 Zip Code

33774

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

Mary E Coates

(NOTE: Registered Agent signature required when reinstating)

DATE

3-27-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|--------------------|--------|
| TITLE | T | DELETE |
| NAME | WILLIAMS, LLOYD | |
| STREET ADDRESS | 517 NINTH ST. WEST | |
| CITY-ST-ZIP | BRADENTON FL 34209 | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | | |
|--------------------|--------------------|--------|----------|
| 1.1 TITLE | | Change | Addition |
| 1.2 NAME | P MARY E COATES | | |
| 1.3 STREET ADDRESS | 12264 144th STREET | | |
| 1.4 CITY-ST-ZIP | LARGO, FL 33774 | | |
| 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 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:

Mary E Coates

3-13-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0378841

CR2E034 (9/96)