SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT #
1. Corporation Name K10310 (6)FUN TIME VENDING, INC. Principal Place of Business Mailing Address P. O. BOX 971044 P. O. BOX 971044 MIAMI FL 33197 MIAMI FL 33197 3. Date Incorporated or Qualified 3a. Date of Last Report 12/31/1987 06/27/1995 2. Principal Place of Business 2a. Mailing Address 4 FEL Number Applied for 21 10521 NW 11CT. 10521 NW 1107. 65-0022969 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State & State 6. Election Campaign Financing \$5.00 May Be ANTATION 23 Trust Fund Contribution Added to Fees Country This corporation has liab-Hy for intangible tax under s. 199 032 3*33*22 25 29 Florida Statutes Yes 🔀 No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ARONSON, DAVID E 10521 NW 11 COURT 82 Street Address (PO. Box Number is Not Acceptable) **PLANTATION FL 33322** 83 84 City 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 approximent as registered agent. I am familiar with, and appending the objection 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent's gradure required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)TITLE DELETE D 1.1 TOTLE Change Addition ARONSON, DAVID E 1.2 NAME CR2E034 STREET ADDRESS 10521 NW 11 COURT 1.3 STREET ADDRESS CITY - ST-ZIP PLANTATION FL 1.4 CITY - ST-ZIP TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CHTY - ST - ZIP 2 4 CHTY - ST - ZIP TITLE DELETE 31 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY - ST - ZIP 3.4 CITY - ST - ZIP TITLE DELETE 41 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 43 STREET ADDRESS CITY-ST-ZIP 44 CHTY - ST - ZIP TITLE DELETE 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP TITLE DELETE 61 TILLE Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6 4 CITY - ST - ZIP nation supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes 1 on 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 officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and 12 or BLAK 13 if changed, or on an attachment with an address 14. I do hereby certify that the further certify that the info made under oath, that ia that my name appear SIGNATURE

OF SIGNING OFFICER OR DIRECTOR