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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

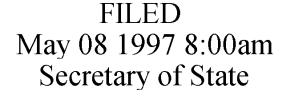
POCUMENT # K38219

FUN ROAM, INC.

Principal Place of Business 219 N. HIGHLAND ST

Mailing Address

219 N. HIGHLAND ST



Zip Code

IOUNT DORA FL 3		MOUNT DORA FL 32757-5727						
						3. Date Incorporated or Qualified 10/12/1988	1	Pate of Last Report 1/07/1996
Principal Place of Business		28. Mailing Addres	2s. Mailing Address			4. FEI Number		Applied For
] _		26				59-2918821		Not Applicable
Sulte, Apt. #, et	o	Suite, Apt. #, e	lc.			5. Certificate of Status Dosired		\$8.75 Additional Fee Required
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip	Country 25	Zip [29]	30 Co.	untry		8. This corporation has liability for in Florida Statutes	ntangibli] Yes	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
PAGE, PHYLLIS 249 N. HIGHLAND ST				81	Name Street Address (P.O. Box Number is Not Acceptable)			
MOUNT DORA FL 32757								

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

City

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE R	logistered Agent signature requi	red when reinslating)	DATE			
12.	OFFICERS AND DIRECTORS		19.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTOR	S IN 12		
TITLE	DP	DELETE	1.1 TITLE		☐ Change	Addition		
NAME	PAGE, WILLIAM C.		1.2 NAME					
STREET ADDRESS	249 N. HIGHLAND ST		1.3 STHEET ADDRESS					
CITY-ST-ZIP	MOUNT DORA FL		1.4 CHY-ST-ZIP					
TITLE		DELETE	2.1 TITLE		☐ Change	Addition		
NAME	PAGE, PHYLLIS D.		2 2 NAME					
STREET ADDRESS	249 N. HIGHLAND ST		2.3 STREET ADDRESS					
CITY-ST-ZIP	MOUNT DORA FL		2 4 City-SI-ZIP					
TITLE		DELETE	3.1 7171.6		☐ Change	Addition		
NAME			3.2 NAME					
STREET ADDRESS			3 3 BIREET ADDRESS					
CITY-ST-ZIP			3.4 (CITY - S1 - ZIP					
TITLE		DELETE	4.1 TITLE	•	☐ Change	Addition		
Name			4. 2 NAME					
STREET ADDRESS			4.3 \$TREE1 ADDRESS					
CITY-ST-ZIP			4 4 ÇITY - ST - ZIP		·			
TITLE		DELETE	5.1 TITLE		Change	Addition		
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 QITY - \$1 - ZIP					
TITLE		DELETE	61 TITLE		☐ Chango	Addition		
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-ST-ZIP			6.4 C/LY - S1 - 7/P					

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 eath; 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.

352-383-8500