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

May 13 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT** # K38219 FUN ROAM, INC. Principal Place of Business Mailing Address 219 N. HIGHLAND ST 219 N. HIGHLAND ST MOUNT DORA FL 32757 MOUNT DORA FL 32757 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/12/1988 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 59-2918821 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 30 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name PAGE, PHYLLIS 249 N. HIGHLAND ST Street Address (P.O. Box Number is Not Acceptable) **MOUNT DORA FL 32757** 83 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE Change Addition TITLE PAGE, WILLIAM C. NAME 12 NAME 249 N. HIGHLAND ST STREET ADDRESS 1.3 STREET ADDRESS MOUNT DORA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE DST Change Addition PAGE, PHYLLIS D. 249 N. HIGHLAND ST STREET ADDRESS 2.3 STREET ADDRESS MOUNT DORA FL CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE 3.2 NAME NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CiTY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME **6.3 STREET ADDRESS**

14. I 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

4-29-98

SIGNATURE:

FILED