

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

**FILED**

**Mar 28 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # K41493 (3)**

1. Corporation Name  
**FUNSTREAM RECREATION, INC.**



Principal Place of Business <b>505 NE 5TH AVENUE DELRAY BEACH FL 33483</b>	Mailing Address <b>505 NE 5TH AVENUE DELRAY BEACH FL 33483-5634</b>
---	--

3. Date Incorporated or Qualified <b>10/27/1988</b>	3a. Date of Last Report <b>01/31/1996</b>
4. FEI Number <b>59-2915578</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
---	--

9. Name and Address of Current Registered Agent

**WALSH, JEFFREY M.  
445 NE 6TH AVE  
DELRAY BEACH FL**

10. Name and Address of New Registered Agent

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
**505 N.E. 5TH AVENUE**  
83.  
84. City **DeLray Beach** FL 85. Zip Code **33483**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>WALSH, JEFFREY M.</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>3515 S OCEAN DR</b>	CITY-ST-ZIP <b>HOLLYWOOD FL</b>	1.2 NAME	
TITLE <b>VD</b>	NAME <b>DOVAS, JAMES A.</b>	1.3 STREET ADDRESS <b>201 N.E. 29 ST.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>320 N FEDERAL HWY</b>	CITY-ST-ZIP <b>DANIA FL</b>	1.4 CITY-ST-ZIP <b>BOCA RATON, FL 33431</b>	
TITLE <b>STD</b>	NAME <b>DOVAS, JOHN A.</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>330 N FEDERAL HWY</b>	CITY-ST-ZIP <b>DANIA FL</b>	2.2 NAME	
TITLE	NAME	2.3 STREET ADDRESS <b>330 E. BOCA RATON RD.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	2.4 CITY-ST-ZIP <b>BOCA RATON, FL 33432</b>	
TITLE	NAME	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	3.2 NAME	
TITLE	NAME	3.3 STREET ADDRESS <b>2021 N.E. 35 ST.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	3.4 CITY-ST-ZIP <b>Light House Point, FL 33064-752</b>	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	
TITLE	NAME	4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
TITLE	NAME	5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
TITLE	NAME	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: *James A. Dovas* **JAMES A. DOVAS, UP** 03/23/97 (561)278-8900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)