

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90098 025 ***150.00

DOCUMENT # K41493

1. Corporation Name

FUNSTREAM RECREATION, INC.

Principal Place of Business

505 NE 5TH AVENUE
DELRAY BEACH FL 33483

Mailing Address

505 NE 5TH AVENUE
DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/27/1988

4. FEI Number

59-2915578

Applied For
No: Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 215 FIFTH ST

Suite, Apt. #, etc.

27 SUITE 108

28 City & State

WEST PALM BEACH FL

Zip

Country

29 33401

30 U.S.A.

9. Name and Address of Current Registered Agent

WALSH, JEFFREY M.
505 N.E. 5TH AVE.
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent

81 Name

Brent A. Jones, Esq.

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

Bush Ross Gardner Warren & Rudy, P.A.

83

220 S. Franklin Street

84 City

Tampa

FL

85 Zip Code

33602

11. Pursuant to the provisions of Sections 607.0501 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:

Brent A. Jones
Signature, typed or printed name of registered agent and title if applicable.

Brent A. Jones

4/5/99

(NOT E-Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME HEATON, GEORGE W
STREET ADDRESS 215 FIFTH STREET #108
CITY-STATE-ZIP W. PALM BEACH FL 33401

TITLE VD ☒ DELETE

NAME WALSH, JEFFREY M
STREET ADDRESS 505 NE 5TH AVENUE
CITY-STATE-ZIP DELRAY BEACH FL 33483

TITLE VD ☒ DELETE

NAME DOVAS, JAMES A
STREET ADDRESS 505 NE 5TH AVENUE
CITY-STATE-ZIP DELRAY BEACH FL 33483

TITLE SD ☐ DELETE

NAME HEATON, LEE W
STREET ADDRESS 505 NE 5TH AVENUE
CITY-STATE-ZIP DELRAY BEACH FL 33483

TITLE SD ☐ DELETE

NAME HEATON, LINN D
STREET ADDRESS 505 NE 5TH AVENUE
CITY-STATE-ZIP DELRAY BEACH FL 33483

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINN D HEATON 4/16/99 561 832 4050

Date

Daytime Phone #

CR2E034 (11/98)