
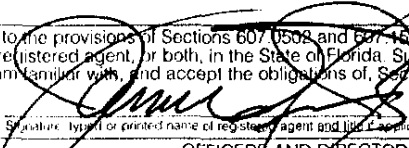


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L24832 (2)			
1. Corporation Name REEL FUN, INC.			
Principal Place of Business C/O JAMES O. BIRR, JR. 200 N. ANDREWS AVENUE SUITE 200 FORT LAUDERDALE, FL 33304		Mailing Address C/O JAMES O. BIRR, JR. 200 N. ANDREWS AVENUE SUITE 200 FORT LAUDERDALE, FL 33304	
2. Principal Place of Business 21 600 NORTHEAST 3RD AVENUE Suite, Apt. #, etc.		2a. Mailing Address 26 600 NORTHEAST 3RD AVENUE Suite, Apt. #, etc.	
22 City & State 23 FORT LAUDERDALE, FLORIDA		27 City & State 28 FORT LAUDERDALE, FLORIDA	
24 Zip 33304	25 Country U.S.	29 Zip 33304	30 Country U.S.
9. Name and Address of Current Registered Agent BIRR, JAMES O., JR. 200 N. ANDREWS AVENUE SUITE 200 FORT LAUDERDALE, FL 33304		10. Name and Address of New Registered Agent 81 Name BIRR, JAMES O., JR. 82 Street Address (P.O. Box Number is Not Acceptable) 600 NORTHEAST 3RD AVENUE 83 84 City FORT LAUDERDALE, FL 85 Zip Code 33304	
11. Pursuant to the provisions of Sections 607.0508 and 607.1408, 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  James O. Birr, Jr., Registered Agent 4/30/97 <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS TITLE P <input type="checkbox"/> DELETE NAME FIFER, RICHARD G. STREET ADDRESS 4500 S.W. 42ND TERRACE CITY-ST-ZIP FT. LAUDERDALE FL TITLE <input type="checkbox"/> DELETE NAME MCK GIBSON, WILLIAM STREET ADDRESS 2 S. UNIVERSITY DR., STE. 330 CITY-ST-ZIP PLANTATION FL TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	



SIGNATURE:

 **RICHARD G. FIFER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97

Date

954-792-6014
Daytime Phone

CR2E034 (9/96)