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FILED

Jan 15 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 # M05910 (8)

1. Corporation Name  
JUST FOR FUN, ENTERPRISES, O.P.M., INC.



Principal Place of Business  
2108 RED ROAD  
MIAMI FL 33155

Mailing Address  
2108 RED ROAD  
MIAMI FL 33155-2233

3. Date Incorporated or Qualified  
10/02/1984

3a. Date of Last Report  
02/13/1996

4. FEI Number  
58-2451249

Applied For  
Not 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business  
21 Suite Apt. # etc  
22 City & State  
23 Zip Country  
24

2a. Mailing Address  
26 Suite Apt. #, etc  
27 City & State  
28 Zip Country  
29 30

9. Name and Address of Current Registered Agent

RUSSELL, WAYNE F.  
2108 RED ROAD  
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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

Sign and type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME                   | STREET ADDRESS   | CITY - ST - ZIP | DELETE                   |
|-------|------------------------|------------------|-----------------|--------------------------|
| P     | RUSSELL, WAYNE F.      | 2108 SW 57TH AVE | MIAMI FL        | <input type="checkbox"/> |
| V     | FABBRICATORE, ROSEMARY | 2108 SW 57TH AVE | MIAMI FL        | <input type="checkbox"/> |
| T     | FABBRICATORE, JAMES    | 2108 SW 57TH AVE | MIAMI FL        | <input type="checkbox"/> |
| S     | RUSSELL, DEBRA A.      | 2108 SW 57TH AVE | MIAMI FL        | <input type="checkbox"/> |
|       |                        |                  |                 | <input type="checkbox"/> |
|       |                        |                  |                 | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP | Change                   | Addition                 |
|-----------|----------|--------------------|---------------------|--------------------------|--------------------------|
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/97

(305)  
264-6580

0210827

CR2E034 (9/96)