

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000045918

1. Entity Name  
SUN & FUN INTERNATIONAL CORP.

Principal Place of Business  
3423 MCKINLEY STREET  
HOLLYWOOD, FL 33021

Mailing Address  
POST OFFICE BOX 817244  
HOLLYWOOD, FL 33081

FILED

04 APR 28 AM 9 27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04252004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-1103680

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	HAWRYLCIW, ANNA
STREET ADDRESS	3423 MCKINLEY STREET
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	VD
NAME	HAWRYLCIW, WOLODYMYR
STREET ADDRESS	3423 MCKINLEY STREET
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100035781001  
05/07/04--01094--010 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

*Anna Hawrylcw*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04

Date

Daytime Phone #