

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 28 PM 1:45

DOCUMENT # P19587

(5)

1. Corporation Name
#1 FUN, INC.

Principal Place of Business
1901 RAYMOND DRIVE
SUITE 7
NORTHBROOK IL 60062

Mailing Address
1901 RAYMOND DRIVE
SUITE 7
NORTHBROOK IL 60062

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/09/1988
3a. Date of Last Report 05/25/1994

2. Principal Place of Business

2a. Mailing Address

21 Oakmont Terrace
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 4805 Cortez Rd, West

27

23 Bradenton, FL

28 City & State

24 34210 25 USA

29 Zip Country 30

4. FEI Number 36-2851999
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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SABA, RICHARD D.
1390 MAIN STREET
SUITE 824
SARASOTA FL 34236

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

Signature typed or printed name of registered agent and date of signature

NOTE: Registered agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VP
NAME	JACOBS, LESLIE
STREET ADDRESS	1185 DEERFIELD PLACE
CITY, ST, ZIP	HIGHLAND PARK IL
TITLE	P
NAME	KAHAN, MARC A.
STREET ADDRESS	1886 N MAUD AVE
CITY, ST, ZIP	CHICAGO IL
TITLE	SD
NAME	KAHAN, DONNA
STREET ADDRESS	1100 N. LAKESHORE DRIVE
CITY, ST, ZIP	CHICAGO IL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE	☒ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	469 E. ROYAL FLAMINGO DR
14 CITY, ST, ZIP	SARASOTA, FLORIDA 34236
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 another report with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BRINGING OFFICER OR DIRECTOR

3/9/91

708-5598606