

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P19587 (5)**

1. Corporation Name
#1 FUN, INC.



Principal Place of Business: **OAKMONT TERRACE, 4805 CORTEZ RD WEST, BRADENTON FL 34210 US**
Mailing Address: **1901 RAYMOND DRIVE, SUITE 7, NORTHBROOK IL 60062**

3. Date Incorporated or Qualified: **06/09/1988** 3a. Date of Last Report: **03/28/1995**
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-headers for Suite, City & State, Zip, and Country.

10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, State (FL), Zip Code.

9. Name and Address of Current Registered Agent (81-85) fields: Name, Street Address, City, State, 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] (NOTE: Registered Agent signature required when filing a change)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, LESLIE	1.2 NAME	
STREET ADDRESS	469 E. ROYAL FLAMINGO DR	1.3 STREET ADDRESS	
CITY-STATE-ZIP	SARASOTA FL	1.4 CITY-STATE-ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAHAN, MARC A.	2.2 NAME	
STREET ADDRESS	1886 N MAUD AVE	2.3 STREET ADDRESS	
CITY-STATE-ZIP	CHICAGO IL	2.4 CITY-STATE-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAHAN, DONNA	3.2 NAME	
STREET ADDRESS	1100 N. LAKESHORE DRIVE	3.3 STREET ADDRESS	
CITY-STATE-ZIP	CHICAGO IL	3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Howard Alterson
STREET ADDRESS		4.3 STREET ADDRESS	3146 Doriann Drive
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	Northbrook, IL 60062
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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)(k), 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: [Signature] DATE: 3/14/96 DAYTIME PHONE #: 847-559-8606

CR2E034 (12/95)