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PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P26814

(4)

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FILED Jul 09 1997 8:00am Secretary of State

FUNYBIZ, INC. Principal Place of Business 195 GENE GABLES CIR. LONGWOOD FL 32779 US		Mailing Address 831 STATE ROAD 434 SUITE 1201-277 ALTAMONTE SPRINGS FL 32714-7022						
		U\$			3. Date Incorporated or Qualified			
9 Orlneinel D	Place of Business	2a. Mailing Address		·	11/03/1989	04/	15/1996	
	Tace of Business	├ ──			4. FEI Number			oplied For
Suite, Apt.	# etc	Suite, Apt. #, etc.			36-3494501			ot Applicable Additional
22		27			5. Certificate of Status Desired	9		equired
City & Stat	6	City & State			6. Election Campaign Financing			May Be
23		28			Trust Fund Contribution			to Fees
Zip	Country	Zip	Country		8. This corporation has liability for	intangible	tax under s	199.032,
24	25	29	30		Florida Statutes	Yes [No	
	9, Name and Address of Curr	ent Registered Agent			10. Name and Address of New Re	gistered	Agent	
DO/	ANE, DOUG		81	Name				
195	GENE GABLES CIR.		62	Street Addre	ess (P.O. Box Number is Not Acceptate	ble)		
LON	NGWOOD FL 32779			· · · · · · · · · · · · · · · · · · ·				
A1 35 .			83				•	
			64	City		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statut	es, the above	-named corpo	oration submits this statement for the p	purpose of	changing i	ts registered
11. Pursuant office or r agent. I a					oration submits this statement for the pon's board of directors. I hereby accepted when reinstating)	ourpose of pt the app	changing i ointment as	ts registered registered
	Signature, typod or printed name of registered				oration submits this statement for the pon's board of directors. If hereby accepted when reinslating) ADDITIONS/CHANGES TO OFFICE	DATE		
SIGNATURE	Signature, typod or printed name of registered	agent and title if applicable. (NOT	E Registered Ager		ed when reinstating)	DATE		
SIGNATURE	Signature, typod or printed name of registered OFFICERS A	agent and title if applicable. (NOT	E: Registered Ager		ed when reinstating)	DATE	DIRECTOR	RS IN 12
SIGNATURE 12. TITLE	Signature, typod or printed name of registered OFFICERS A	agent and title if applicable. (NOT	E: Registered Ager 13.	nt signature require	ed when reinstating)	DATE	DIRECTOR	RS IN 12
SIGNATURE 12. TITLE NAME	Signature, typod or printed name of registered OFFICERS A PVS DOANE, DOUG	egent and title if applicable. (NOT NND DIRECTORS DELETE	E: Registered Ager 13. 1.1 TITLE 1.2 NAME	nt signature require	ed when reinstating)	DATE	DIRECTOR	RS IN 12
12. TITLE NAME STREET ADDRESS	Signature, typod or printed name of registered OFFICERS A PVS DOANE, DOUG 195 GENE GABLES CIR. LONGWOOD FL TD	agent and title if applicable. (NOT	13. 1.1 TITLE 1.2 NAME 1.3 STREET	nt signature require	ed when reinstating)	DATE	DIRECTOR	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature. Lypod or printed name of registered. OFFICERS A PVS DOANE, DOUG 195 GENE GABLES CIR. LONGWOOD FL TD DOANE, DOUG	egent and title if applicable. (NOT NND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET / 1.4 CITY-ST	nt signature require	ed when reinstating)	DATE	DIRECTOR Change	RS IN 12
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I do hereby certify that the Information supplied with this filling 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 12 if changed, or on an attachment with an address.

7/2/02