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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1994



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name

FLORIDA FAMILY FUN CENTERS, INC.

DOCUMENT #

P92000003854 (6)

Mailing Address

2900 W. SAMPLE ROAD
POMPANO BEACH FL 33067

Principal Place of Business

2900 W. SAMPLE ROAD
POMPANO BEACH FL 33067

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. Mailing Address

21

2a. Principal Place of Business

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

29 Country

24

25

28

29

3. Date Incorporated or Qualified

11/05/1992

3a. Date of Last Report

05/01/1993

4. FEI Number

65-0368034

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

7. Nonprofit Exempt from \$138.75

Supplemental Fee ☐

8. This corporation has liability for intangible tax under S. 199.032,

Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KLEIN RONALD J
C/O SACHS & SAX, P.A.
301 YAMATO ROAD
BOCA RATON FL 33431

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

11 TITLE
12 NAME FOX HERMAN W
13 STREET ADDRESS 2900 W. SAMPLE ROAD
14 CITY, ST, ZIP POMPANO BEACH FL 33067

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P/S/T/D
12 NAME
13 STREET ADDRESS 2583 EDGERTON RD.
14 CITY, ST, ZIP UNIVERSITY HEIGHTS, OH 44118

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

61 TITLE
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 declare the Division of Corporations bears any liability of non-compliance with Section 119.07(3)(b) in the event that the information supplied is deemed exempt from public access. 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. I have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes, that I am an officer or director of the corporation or the receiver or liquidator empowered to execute this report as required by Chapter 1937 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an alternate block with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/24/94

(216) 692-0960