

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Moriam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000044990 (8)**
1. Corporation Name
JUMBO FUN, INC.



Principal Place of Business 4085 L.B. MCLEOD RD. F ORLANDO FL 32811 US	Mailing Address 4085 L.B. MCLEOD RD. F ORLANDO FL 32811 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4380 36th Street Suite, Apt. #, etc. 22 City & State 23 Orlando, FL Zip 24 32811 Country 25 USA		2a. Mailing Address 26 4380 36th Street Suite, Apt. #, etc. 27 City & State 28 Orlando, FL Zip 29 32811 Country 30 USA		3. Date Incorporated or Qualified 06/21/1993	4. FEI Number 59-3184791 Applied For Not Applicable	5. Certificate of Status Desired Q \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**KAREN M. JOHNSON
819 CHESTNUT ST.
CLERMONT FL 34711**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 State	86 Zip Code
	11206 Crescent Bay Blvd.		Clermont	FL	34711

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 **Karen M. Johnson, V.P.** **1/28/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VP	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JOHNSON, KAREN M			1.2 NAME			
STREET ADDRESS	819 CHESTNUT ST			1.3 STREET ADDRESS	11206 Crescent Bay Blvd.		
CITY-ST-ZIP	CLERMONT FL 34711			1.4 CITY-ST-ZIP	Clermont, FL 34711		
TITLE	P	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JOHNSON, DARREN			2.2 NAME			
STREET ADDRESS	819 CHESTNUT ST			2.3 STREET ADDRESS	11206 Crescent Bay Blvd.		
CITY-ST-ZIP	CLERMONT FL 34711			2.4 CITY-ST-ZIP	Clermont, FL 34711		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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 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.

CR2E034 (10/97)