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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:07

DOCUMENT # **P93000058721 (0)**

1. Corporation Name
FANTASY ISLAND INNOVATIONS, INC.

Principal Place of Business	Mailing Address
1304 SW 160 AVE ~~SUITE 320~~ SUNRISE FL 33326	1304 SW 160 AVE ~~SUITE 320~~ SUNRISE FL 33326

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/18/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)

4. FEI Number: 65-0431687 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22): Suite 128
Suite, Apt. #, etc. (27): Suite 128

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23)
City & State (28)

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24) Country (25)
Zip (29) Country (30)

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CACCIOPPO, PHYLLIS
13201 SW 14TH PLACE
DAVIE FL 33325

10. Name and Address of New Registered Agent

81 Name: Phyllis H. CACCIOPPO
82 Street Address (P.O. Box Number is Not Acceptable): 13201 SW 14th PL
83: DAVIE
84 City: FL 85 Zip Code: 33325

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: Phyllis H Cacciopo (Signature, Type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 4-9-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~D~~	11 TITLE	☐ Change ☐ Addition
NAME	VYROSTEK, STEVE	12 NAME	
STREET ADDRESS	5060 SW 64 AVE #204	13 STREET ADDRESS	
CITY ST ZIP	DAVIE FL 33314	14 CITY ST ZIP	
TITLE	D	21 TITLE	President ☑ Change ☐ Addition
NAME	CACCIOPPO, PHYLLIS	22 NAME	Phyllis H Cacciopo
STREET ADDRESS	13201 SW 14 PLACE	23 STREET ADDRESS	13201 SW 14 PL
CITY ST ZIP	DAVIE 33 33325	24 CITY ST ZIP	DAVIE FL 33325
TITLE		31 TITLE	Sec-Treas. ☑ Change ☐ Addition
NAME		32 NAME	Phyllis H. Cacciopo
STREET ADDRESS		33 STREET ADDRESS	13201 SW 14 PL
CITY ST ZIP		34 CITY ST ZIP	DAVIE FL 33325
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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)(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.

SIGNATURE: Phyllis H Cacciopo Phyllis H. CACCIOPPO 4-9-95 (305)473-1662
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0234700 CP