

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000085735 (7)

1. Corporation Name

FUN SPOTS AMUSEMENTS, INC.



Principal Place of Business

Mailing Address

3800 S OCEAN DR
SUITE 235
HOLLYWOOD FL 33019
US

-115 KENSINGTON ROAD
HOLLYWOOD FL 33021

3. Date Incorporated or Qualified
12/10/1993

3a. Date of Last Report
05/19/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 3800 S. OCEAN DR

22 City & State

27 Suite, Apt #, etc
SUITE 235

23 Zip

25 Country

28 City & State
HOLLYWOOD, FL

24

25

29 Zip
33019

30 Country
USA

4. FEI Number

65-0458621

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 ☐

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOLDWYN, OWEN L
3800 S. OCEAN DR.
#235
HOLLYWOOD FL 33019

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, 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 typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
GOLDWYN, OWEN L
115 KINGSINGTON RD.
HOLLYWOOD FL 33021

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE
NAME
STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

11 TITLE
Change ☐ Addition ☐

12 NAME
Change ☐ Addition ☐

13 STREET ADDRESS
Change ☐ Addition ☐

14 CITY - ST - ZIP
Change ☐ Addition ☐

21 TITLE
Change ☐ Addition ☐

22 NAME
Change ☐ Addition ☐

23 STREET ADDRESS
Change ☐ Addition ☐

24 CITY - ST - ZIP
Change ☐ Addition ☐

31 TITLE
Change ☐ Addition ☐

32 NAME
Change ☐ Addition ☐

33 STREET ADDRESS
Change ☐ Addition ☐

34 CITY - ST - ZIP
Change ☐ Addition ☐

41 TITLE
Change ☐ Addition ☐

42 NAME
Change ☐ Addition ☐

43 STREET ADDRESS
Change ☐ Addition ☐

44 CITY - ST - ZIP
Change ☐ Addition ☐

51 TITLE
Change ☐ Addition ☐

52 NAME
Change ☐ Addition ☐

53 STREET ADDRESS
Change ☐ Addition ☐

54 CITY - ST - ZIP
Change ☐ Addition ☐

61 TITLE
Change ☐ Addition ☐

62 NAME
Change ☐ Addition ☐

63 STREET ADDRESS
Change ☐ Addition ☐

64 CITY - ST - ZIP
Change ☐ Addition ☐

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/96

954 437 0606

DATE

Telephone Number

CR2E034 (3/96)