FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 8:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000020337 (9)

1. Corporation Name

FUN TO THE MAX, INC.

Principal Place of Business
6070 OLIVEWOOD CIRCLE
GREENACRES FL 33463

Mailing Address
6070 OLIVEWOOD CIRCLE
GREENACRES FL 33463

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/14/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 12794 w. Forest Hill blvd	26 12794 w. Forest Hill
Suite, Apt. #, etc. 22 #23	Suite, Apt. #, etc. 27 #23
City & State 23 wellington FL.	City & State 28 wellington, FL. 33414
Zip 24 33414 Country 25	Zip 29 33414 Country 30

4. FEI Number: 65-0473975 ☐ 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

MOSKOWITZ, PAUL
6070 OLIVEWOOD CIRCLE
GREENACRES FL 33463

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, 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

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
Title: PRESIDENT, DIRECTOR Name: PAUL MOSKOWITZ Street Address: 6070 OLIVEWOOD CIRCLE City-St-Zip: GREENACRES, FL. 33463	☐ Change ☐ Addition
Title: TREASURER Name: RICHARD J. PASS Street Address: 909 SENECA ST City-St-Zip: JUPITER, FL. 33458	☒ Change ☐ Addition Street Address: 1104-D Goldenrod Rd. City-St-Zip: wellington, FL. 33414
Title: DIRECTOR Name: BARRY H. PASS Street Address: 3036 WOODKNOLL LN City-St-Zip: FT. WAYNE, IN. 4604	☐ Change ☐ Addition
Title: Name: Street Address: City-St-Zip:	☐ Change ☐ Addition
Title: Name: Street Address: City-St-Zip:	☐ Change ☐ Addition
Title: Name: Street Address: 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)(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: [signature] PRES. 3/27/95 407-790-6299

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0271914 CP