

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED,  
AND  
FILED

30 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**

State/Zip/Postal Code

**6070 OLIVEWOOD CIRCLE  
GREENACRES FL 33463**

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business

**21 12794 W. FOREST HILL AVE**

26. Mailing Address

**26 12794 W. FOREST HILL**

4. FEI Number

**65-0473975**

Applied For  
Not Applicable

5. Grade of Office

**22 #23**

6. Grade of Office

**27 #23**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

7. City & State

**23 WELLINGTON FL.  
33414**

8. City & State

**28 WELLINGTON FL. 33414**

6. Election Campaign Financing

**\$5.00 May Be Added to Fees**

8. Zip Code

9. Zip Code

**29 33414**

7. The corporation has liability for intangible tax under § 109.032, Florida Statutes

Florida Statutes

8. Zip Code

**30 No**

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 Section 607.067, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office. I request a copy of both of the original and 15 minutes was submitted by the corporation's Board of Directors. Thereby, accept the appointment as registered agent. I am not aware of any other appointment of a registered agent in Florida Statutes.

SIGNATURE

Paul Moskowitz, President, Director, Officer, Trustee, Member of Board of Directors

President, Director, Officer, Trustee, Member of Board of Directors

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12.	OFFICER AND DIRECTOR	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	<b>PAUL MOSKOWITZ</b>	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS	<b>6070 OLIVEWOOD CIRCLE GREENACRES FL 33463</b>	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PHONE		3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
EMAIL		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
POSITION	<b>PRESIDENT</b>	5. NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TERM	<b>RICHARD J. PAIS</b>	6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS	<b>909 SEMINA ST. DUPONT FL 33458</b>	7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PHONE	<b>DIR. BOARD</b>	8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
EMAIL	<b>BARRY H. PAIS</b>	9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
POSITION	<b>WOODKNOLL LN. PT. WAYNE, TN 37844</b>	10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TERM		11. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS		13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PHONE		14. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
EMAIL		15. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
POSITION		16. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TERM		17. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS		19. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PHONE		20. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
EMAIL		21. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
POSITION		22. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TERM		23. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		24. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS		25. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PHONE		26. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
EMAIL		27. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
POSITION		28. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TERM		29. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I declare, orally, that the information supplied with this document voluntarily furnished and does not qualify for the exemption of disclosure under Florida Statute, Chapter 65, if the information contained in the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as would otherwise result if an affidavit or declaration were made on my part, in writing, and that my name appears on this document, or that it is changed, or omitted, the document will be rejected.

**SIGNATURE:** *Paul Moskowitz, Mos.*

*3/27/95* *407-7906299*