

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

CORPORATION
ANNUAL REPORT
1995



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

FILED

1995 AUG -3 AM 9:18

TALLAHASSEE, FLORIDA

DOCUMENT # P94000032977 (8)

1. Corporation Name

SPAS & FUN, INC.

Principal Place of Business

11129 DALE MABRY HWY N
TAMPA FL 33618

Mailing Address

11129 DALE MABRY HWY N
TAMPA FL 33618

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/28/1994

3a. Date of Last Report

2. Principal Place of Business

21 4949 W. WATERS AVE

2a. Mailing Address

26 4946 10th AVE N

4. FEI Number

59-3241125

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

Suite, Apt. #, etc.

22 B

Suite, Apt. #, etc.

City & State

23 TAMPA, FL

City & State

28 GREENACRES CITY, FL

Zip

24 33634

Country

25 HILLSBOROUGH

Zip

29 33463

Country

30 PALM BCH

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRANKLIN, ELLIOTT
1030 LAKE AVE STE C
LAKE WORTH FL 33463

81 Name

LAURA LEITE

82 Street Address (P.O. Box Number is Not Acceptable)

83 14080 ASTER AVE

84 City

WELLINGTON

FL

85 Zip Code

33414

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

Laura Leite

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LEITE, LAURA
STREET ADDRESS	14080 ASTER AVE
CITY - ST - ZIP	WELLINGTON FL 33414
TITLE	DP
NAME	LEITE, CARLOS
STREET ADDRESS	14080 ASTER AVE
CITY - ST - ZIP	WELLINGTON FL 33414
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Laura Leite

(Signature and typed or printed name of signing officer or director)

7/26/95

Date

Signature (Phone #)