**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**
**AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)**

PROFIT 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 JUN 19 AM 10:39

DOCUMENT # **P94000039431 (9)**

1. Corporation Name

**FUN 'N' SPORTS FANS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 690 TRINIDAD COURT<br>SATELLITE BEACH FL 32937 | 690 TRINIDAD COURT<br>SATELLITE BEACH FL 32937 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/23/1994
3a. Date of Last Report:

2. Principal Place of Business
21 102 E. New Haven Ave
22 Suite 141
23 Melbourne, Fl
24 Zip: 32902
25 Country: Brevard

2a. Mailing Address
26 102 E. New Haven Ave
27 Suite 141
28 Melbourne, Fl
29 Zip: 32902
30 Country: Brevard

4. FEI Number: 59-3250446 ☐ 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

MOELLER, CATHERINE D
690 TRINIDAD COURT
SATELLITE BEACH FL 32937

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: Catherine D. Moeller
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | D | 11 TITLE | | ☐ Change ☐ Addition |
| NAME | MOELLER, CATHERINE D | 12 NAME | | |
| STREET ADDRESS | 690 TRINIDAD COURT | 13 STREET ADDRESS | | |
| CITY ST ZIP | SATELLITE BEACH FL 32937 | 14 CITY ST ZIP | | |
| TITLE | D | 21 TITLE | D | ☒ Change ☐ Addition |
| NAME | BORELL, LINDA J | 22 NAME | Borell, Linda J | |
| STREET ADDRESS | 371 CYPRESS STREET | 23 STREET ADDRESS | 555 Rio Casa Dr S | |
| CITY ST ZIP | INDIALANTIC FL 32903 | 24 CITY ST ZIP | Indialantic, Fl 32903 | |
| TITLE | | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | | 32 NAME | | |
| STREET ADDRESS | | 33 STREET ADDRESS | | |
| CITY ST ZIP | | 34 CITY ST ZIP | | |
| 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 | | |

CR2E034 (3/95)

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:** Linda J. Borell 6/7/95 (407) 777-7636
SIGNATURE(S) & TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0137103 FP