## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000061432 1. Corporation Name

FUN STOP, INC.

## May 08, 1999 8:00 am Secretary of State

05-08-1999 90006 033 \*\*\*150.00



					(88 H)   H   H   H   H   H   H   H   H   H
Principal Place	e of Business	Mailing Address			
701 OCEAN DR	1	444 RIVER EDGE RD			
** := == :		JUPITER FL 33477		DO NOT WRITE IN THIS SPACE	
US			3. Date Incorporated or Qualified		
				08/19/1994	
2 Bringing D	lace of Business	2a. Mailing Address		4 EEI Number	Applied For
	lace of business	26 29 4 Ham	mock PT	GE-0514252	Not Applicable
21	# -1-	26 29 9 Ham Suite, Apt. #, etc.	mock 1		Additional
Suite, Apt. i	#, etc.	<u> </u>			Required
22		City & State			
City & State	Ð		1		May Be
23	Country	Zip Zip	Country		710 7 663
Zip			¬ '	8. This corporation owes the current year Intangible Personal Property Tax.	□No
24	25	29 339 30 + Paristered Arent	<u> </u>	10. Name and Address of New Registered Agent	
	9. Name and Address of Curren	t Registered Agent	81 Name	O 1 - C	
COT	O, SANDRA		Traine	COO, Sandra	
	RIVER EDGE RD		82 Street Add	Iress (P.O. Box Number is Not Acceptable)	NEB
	E 2350			94 Hammock Point	000111
			83		
JUPI	TER FL 33477		84 City	85 Zip	Code
				upiter FL 3	3458
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes,	the above-named corp	poration submits this statement for the purpose of changing i	ts registered
office or re agent. Las	egistered agent, or both, in the State m familiar with. and accept the obliga	of Florida. Such change was autr	ionzed by the corporati a tetetutes.	ion's board of directors. I hereby accept the appointment as	Cgistered
	00 -00	$(\alpha(YY)(20)$	X(1) Sa	indua M COO 4-15-9	(4
SIGNATURE	Signature, typed or printed name of registered ager	st and title if applicable (NOTE: Re	gistered Agent signature require	ed when reinstating) DATE	<b>'</b>
		it and also is approache.	igistered rigorik signatare requiri		
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	
	OFFICERS AN		13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	
12.		ID DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	
12. TITLE	PTD	ID DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECT PTD Schange oto, Scandia PT.South gy Hammock PT.South	
12. TITLE NAME STREET ADDRESS	PTD COTO, SANDRA 444 RIVER EDGE RD.	ID DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 2.3	ADDITIONS/CHANGES TO OFFICERS AND DIRECT PTD Schange Oto, School PTS outh 94 Hammock PTS outh	
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PTD COTO, SANDRA 444 RIVER EDGE RD. JUPITER FL VP HERMANSON, DOLORES 19726 SWANBERG LANE	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	additions/changes to officers and direct PTD Schange oto, Scardina PT.South 94 Hammock PT.South 100:4et, 71 33458	e
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6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: