

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000062563 (9)**

1. Corporation Name
FUN TIMES FOOD MANAGEMENT, INC.



Principal Place of Business

1217 S.W. 4TH PLACE
CAPE CORAL FL 33991

Mailing Address

1217 S.W. 4TH PLACE
CAPE CORAL FL 33991

2. Principal Place of Business

2a. Mailing Address

21

26

Subs., Apt. #, etc.

Subs., Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**SEILS, RONALD L
1217 SW 4TH PLACE
CAPE CORAL FL 33991**

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 607.0902 and 607.1502, 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 607.0902, Florida Statutes.

SIGNATURE

Ronald L Seils

3-13-96

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	SEILS, RONALD L.	
STREET ADDRESS	1217 SW 4TH PLACE	
CITY-STATE-ZIP	CAPE CORAL FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SEILS, NORRINE S.	
STREET ADDRESS	1217 SW 4TH PLACE	
CITY-STATE-ZIP	CAPE CORAL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing was truthfully furnished and does not comply for the exemption stated in Section 119.07(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 trustee or partner or partner or partner or partner of the corporation or partnership, and that my name appears in Block 12 or Block 13 of this report or on my certificate with an E-file.

SIGNATURE:

Norrine S. Seils NORRINE S. SEILS

3-13-96

(941) 458 0079

CR2E034 (12/95)