

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

FILED

Apr 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000064202 (2)

1. Corporation Name
FANTASIES IN LARIMAR, INC.



Principal Place of Business
2657 SLOW FLIGHT DR.
DAYTONA BEACH FL 32124

Mailing Address
2657 SLOW FLIGHT DR.
DAYTONA BEACH FL 32124-6766

3. Date Incorporated or Qualified 08/29/1994	3a. Date of Last Report 04/23/1996
4. FEI Number 59-3269799	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Zip	30. Country

9. Name and Address of Current Registered Agent
WEBSTER, DANIEL J
1020 W. INTERNATIONAL SPEEDWAY BLVD.
DAYTONA BEACH FL 32114

10. Name and Address of New Registered Agent	
81. Name	EPLING, ROBY R.
82. Street Address (P.O. Box Number is Not Acceptable)	2657 SLOW FLIGHT DR
83. City	DAYTONA BEACH FL
84. Zip Code	32124

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 a registered agent under Sections 607.0502 and 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and address, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
FILE	D	11 TITLE	PRESIDENT + TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EPLING, ROBY R	12 NAME	EPLING, ROBY R.
STREET ADDRESS	2657 SLOW FLIGHT DR.	13 STREET ADDRESS	SAME
CITY-ST-ZIP	DAYTONA BEACH FL 32124	14 CITY-ST-ZIP	
FILE	D	21 TITLE	VICE PRES. + SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VANCLIEAF, GREGORY	22 NAME	EPLING, MARIA
STREET ADDRESS	2657 SLOW FLIGHT DR.	23 STREET ADDRESS	2657 SLOW FLIGHT DR
CITY-ST-ZIP	DAYTONA BEACH FL 32124	24 CITY-ST-ZIP	DAYTONA BEACH FL 32124
FILE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
FILE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
FILE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
FILE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do 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 or changed for on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-97

904-322-8829

Date

Daytime Phone #

CR2E034 (9/96)