

**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

AND  
FILED

95 APR 20 AM 9:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000064793 (0)**

1. Corporation Name  
**FUNNY FUN TOURS, INC.**

Principal Place of Business Mailing Address  
**4215 SOUTHPOINT BLVD.  
SUITE 100  
JACKSONVILLE FL 32216**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>09/01/1994</b>	3a. Date of Last Report <b>N/A</b>
4. FEI Number <b>59-3264990</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. This corporation has liability for intangible tax under G. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>12200-21 San Jose Blvd #110</b>	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State <b>Jacksonville, FL</b>	28 City & State
24 Zip <b>32223</b>	29 Country
25	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>SCHNEIDER, MICHAEL N 4215 SOUTHPOINT BLVD. 100 NATIONAL FINANCIAL BLDG. JACKSONVILLE FL 32216</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b>
		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D / V</b>		1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CAMPA, DEBORAH</b>		1 2 NAME	
STREET ADDRESS <b>12200-21 SAN JOSE BLVD., SUITE 110</b>		1 3 STREET ADDRESS	
CITY - ST - ZIP <b>JACKSONVILLE FL 32223</b>		1 4 CITY - ST - ZIP	
TITLE <b>D / P / S / T</b>		2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DRASHIN, SIDNEY</b>		2 2 NAME	
STREET ADDRESS <b>12200-21 SAN JOSE BLVD., SUITE 110</b>		2 3 STREET ADDRESS	
CITY - ST - ZIP <b>JACKSONVILLE FL 32223</b>		2 4 CITY - ST - ZIP	
TITLE		3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY - ST - ZIP		3 4 CITY - ST - ZIP	
TITLE		4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY - ST - ZIP		4 4 CITY - ST - ZIP	
TITLE		5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY - ST - ZIP		5 4 CITY - ST - ZIP	
TITLE		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY - ST - ZIP		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: *Sidney B. Drashin* **3-30-95** **3968901**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Notary Public #