

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 09/01/1994	3a. Date of Last Report N/A
4. FEI Number 59-3264990	Applied For <input type="checkbox"/> 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
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 12200-21 San Jose Blvd #110	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Jacksonville, FL	28 City & State
24 Zip 32223	29 Country
25	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SCHNEIDER, MICHAEL N 4215 SOUTHPOINT BLVD. 100 NATIONAL FINANCIAL BLDG. JACKSONVILLE FL 32216		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 _____ 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 D / V		1 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME CAMPA, DEBORAH		1 2 NAME	
STREET ADDRESS 12200-21 SAN JOSE BLVD., SUITE 110		1 3 STREET ADDRESS	
CITY - ST - ZIP JACKSONVILLE FL 32223		1 4 CITY - ST - ZIP	
TITLE D / P / S / T		2 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME DRASHIN, SIDNEY		2 2 NAME	
STREET ADDRESS 12200-21 SAN JOSE BLVD., SUITE 110		2 3 STREET ADDRESS	
CITY - ST - ZIP JACKSONVILLE FL 32223		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 (Natural Person)