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

PROFIT CORPORATION ANNUAL REPORT

**19**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**FILED** 

May 15 1998 8:00am

Secretary of State

954-952-1222

DOCUMENT # P95000023272 (4)

UNLIMITED FUN, INC.

NAME

STREET ADDRESS

Difference Disease & Business Mailing Addruge						-{		
Principal Place of Business Mailing Address								
8035 NW 96TH WAY 6035 NW 96TH WAY PARKLAND FL 33067 PARKLAND FL 33067								
PARKLAND FL 33067 PARKLAND FL 33067						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
						03/22/1995		
2. Principal Place of Business 2a. Mailing Add			SS			4. FEI Number	Ap	plied For
21		26	26			65-0561637	<b>★</b> No	Applicable
Suite, Apt. #	f, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	, \$8. <b>7</b> 5 A	
22 .		27	. 4 4			g, communic or orange promote	Fee He	<del></del>
City & State		City & State				6. Election Campaign Financing	\$5.00	
23		28]				Trust Fund Contribution		
Zip	Country	7(p	<del>}</del>	intry		8. This corporation owes or has paid the		
24	25 29 30  Name and Address of Current Registered Agent			Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent				
					Name	It. Hallo alla Madioso el les linger		
MARSH, DARREN								
6035 NW 96TH WAY				82 Street Address (P.O. Box Number is Not Acceptable)				
PARKLAND FL 33067				83				
				84	City		FL 85 Zip C	Code
44. Purcused to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the					Le-named coi	rporation submits this statement for the purp		s registered
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.								
1 .	n termilar with, and accept the oong	r ,coco, ted noneus, io anoma	เบกบล อเล	ttittis	o.			
SIGNATURE .	Signature Typed or printed name of registered ago	ent and little if applicable (NC	II : Registere	d Age	ent signature requ	uired when reinstating)	DATE	
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	S IN 12
TITLE	DELETE		1,1 11	1.1 TITLE			Change	☐ Addition
NAME MARSH, DARREN		1.2 N		AME				
STREET ADDRESS 6035 NW 96TH WAY		1.3 \$		IREE1	ADDRESS			
CITY-ST-ZIP	PARKLAND FL 33067	1.40		17 Y - S	61 - ZIP			
TITLE	D	☐ DELETE	DELETE 217				Change	☐ Addition
NAME	MARSH, CARYN			2.2 NAME 2.3 STREET ADDRESS				
STREET ADDRESS	6035 NW 96TH WAY							
CITY-ST-ZIP	PARKLAND FL 33067			HTY-S	ST-ZIP		····	
TITLE	DELETE		317	3 1 TITLE			Change	Addition
NAME			32 N	AME				
STREET ADDRESS			335	TREET	ADDRESS			
CITY-ST-ZIP			3 4. 0	3 4. CITY-ST-ZIP				
TITLE	DELETE		4.1 To	4.1 TITLE			☐ Change	Addition
NAME			4 2 1	IAME				
STREET ADDRESS	DORESS		4.3 S	4.3 STREET ADDRESS				
CITY - ST - ZIP				4.4 CITY - ST - ZIP				1 (19)
TITLE	☐ DELETE		, 5.1 T	5.1 TITLE			Change	L Addition
NAME	ME		5.2 N	5.2 NAME				
STREET ADDRESS	EET ADDRESS		5.3 S	5.3 STREET ADDRESS				ļ
CITY-ST-ZIP			5.4 C	5.4 CITY-ST-ZIP				<del></del>
TITLE	DELETE		8.1 T	TLE	- 1		Change	☐ Addition

6.3 STREET ADDRESS

Thereby certify that the information supplied with this filing door no 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 too and accurate another 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 trustice expowered to execut this report as required by Chapter 607, Florida Statutes; and that my name appears in