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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000033953 (7)

FLORIDA FUN ZONE INC.

Mailing Address

FILED
May 06 1998 8:00am
Secretary of State



7707 WEST HILLSBOROUGH AVE TAMPA FL 33615 US		7707 WEST HILLSBOROUGH AVE TAMPA FL 33615 US		DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified  05/02/1995		
	lace of Business	2a. Mailing Address	) in the second of the second		4. FEI Number	Applied For
21		Suite Ant to also		59-3317466	Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip <b>29</b>	Country 30		B. This corporation owes or has paid the operation of the Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curr	ent Registered Agent		41.41	10. Name and Address of New Registers	d Agent
	TEL, PANKAJ		8	1 Name		
7707 WEST HILLSBOUROUGH AVE			8	2 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
	MPA FL 33615		8	3		
			8	4 City	-	85 Zip Code
agent. I a SIGNATURE	m familiar with, and accept the ob-	ligations of, Section 607.0505, F	Florida Statut	es.	ration's board of directors. I hereby accept the a	
12.		AND DIRECTORS  DELETE	13.		ADDITIONS/CHANGES TO OFFICERS A	Change Addition
THILE	D Patel, Pankaj	C) peters	1 1 TITLE 12 NAM			Ditango Abattoi
NAME STREET ADDRESS	4469 LAKE IN THE WOODS	מח :		ET ADDRESS		
CITY-ST-ZIP	\$PRING HILL FL 34607	) On	1.4 CITY			
TITLE	STATIO TIEC TE OTOU	DELETE	21 TITLE			Change Addition
NAME			2.2 NAM	ŧ		
STREET ADDRESS			2.3 STRE	ET ADDRESS		
CITY-ST-ZIP			2. 4 CITY	-ST-ZIP		
TITLE	-	DELETE	3.1 TITLE	}		Change Addition
NAME			3.2 NAM	· i		
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY 4.1 7/1LE			Change Addition
NAME			4, 2 NAM			- v -
STREET ADDRESS				ET ADDRESS		
CiTY-ST-ZIP			4.4 CITY			
TITLE		DELETE	5.1 TITLE			Change Additio
NAME			5.2 NAM	E		
STREET ADDRESS			5.3 STRE	ET ADDRESS		
CITY-ST-ZIP			5.4 CITY	- ST - ZIP		
TITLE		DELETE	61 TITLE	· [		Change Additio
NAME			62 NAM	E		
STREET ADDRESS	}		63 STRE	ET ADDRESS		
CITY ST. 780	I		64 CITY	- ST - ZIP		

14. Thereby 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 if changed, or on an attachment with an address.