

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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90159 046 ***150.00

0307155

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P95000036206

1. Corporation Name
SLUSH FUN, INC.

Principal Place of Business 955 SHOTGUN ROAD SUNRISE FL 33326	Mailing Address 955 SHOTGUN ROAD SUNRISE FL 33326
---	---



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/04/1995		4. FEI Number 65-0581034		Applied For <input type="checkbox"/> No: Applicable
2. Principal Place of Business 21 1780 N.Commerce Pkwy.	2a. Mailing Address 26 1780 N.Commerce Pkwy.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
22 Suite, Apt. #, etc. -	27 Suite, Apt. #, etc. -	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
23 City & State Weston, FL	28 City & State Weston, FL	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		
24 Zip 33326	25 Country U.S.A.	29 Zip 33326	30 Country U.S.A.	

9. Name and Address of Current Registered Agent MCCOMB, BRIAN R 955 SHOTGUN ROAD SUNRISE FL 33326		81 Name	10. Name and Address of New Registered Agent	
		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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIEDRA, RAUL JR	1.2 NAME	
STREET ADDRESS	771 NW 101 TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, DONALD L	2.2 NAME	
STREET ADDRESS	6369 NW 120 DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIBANDO, JOHN L	3.2 NAME	
STREET ADDRESS	100 10TH STREET S.W.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LE MARS IA 51031	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SRAMEK, JAMES J	4.2 NAME	
STREET ADDRESS	433 GATEFORD DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BALLWIN MO 63021	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date: **4-21-99** (954) 217-9100
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/1/98)