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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000084884 (2)

A FUNFEST EVENT, INC.

FILED Feb 26 1998 8:00am Secretary of State

| Principal Place of Business Mailing Address HOLLYWOOD FL 3000 | | | | | | | | | | | |
|--|---|---------------------------------------|---------------|------------------|----------------|--------------|------------------|----------------|----------|-----------------|--|
| 2. Principal Piaco of Business 2. Mailing Address 2. Mailing Address 3. Date Incorporated or Qualified 11/02/1995 3. Unit (20/1995) 3. The Incorporation of Qualified 11/02/1995 3. The Incorporation of Sections 67 Address of Suite, Api #, cic. 3. Country 65-08/19702 3. Country 65-08/19702 3. Trust Fund Contribution 4. Trust Fund Contribution 5. For Required 5. Suite, Api #, cic. 3. Suite, Api #, cic. 3. Country 65-08/19702 3. Trust Fund Contribution 5. Suite, Api #, cic. 3. The Country 7 and Address of Suite | 1113 S 30 AVENUE 1113 S 30 AV | | | | | | S 30 AVENUE | | | | |
| 2. Pincipal Place of Business 2a. Mailing Address 5. Certificate of Business 2a. Mailing Address 5. Certificate of Status Desired St | | | | | | | | | | | |
| Suite, Apt #, etc 28 Suite, Apt #, etc 27 Suite 27 Suite 27 Suite 27 Suite 27 Suite 28 Suite 27 Suite 28 Suite 28 Suite 29 Suite 29 | | | | | | | | | | | |
| SUID. Apt #, etc Suito. Criy & State City & State City & State City & State Suito. Centrify St. Trisc corporation owner or has paid the current year inlangible personal Property Tax due June 30. Yes No. Name and Address of Current Registered Agent STREETER, JANET 1113 & 30 AVENUE HOLLYWOOD FL 33020 Street Address (P.O. Box Number is Not Acceptable) St | | Principal Pl | lace of Busir | 988 | | }¬ | | | | | 11/0/2017 |
| City & State City & State City & State City & State Country C | 411 | | | | | | | | | | SR 75 Additional |
| Zep Country 7/10 Country 8. This corporation owes or has paid the current year Integrible Personal Property Tax due June 19 Country 19 Country 19 STREETER, JANET 1113 S 30 AXENUE HOLLYWOOD FL 33020 11. Pursuant to the provisions of Sociens 607 0:00 paid 607 1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its register expended agent, or both in the Stole of Florida, Such change was enthorized by the corporation's board of directors. Thereby accept the appointment as trajlative agent, and maillar with, and accept the obligations of Sociens 607 0:00 paid 607 1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its register agent, and maillar with, and accept the obligations of Sociens 607 0:00 paid 607 | 22 | 2 | | | | 27 | | | | | |
| Zip | 22 | City & State | | | <u> </u> | | | | | | |
| 9. Name and Address of Current Registered Agent STREETER, JANET 1113 S 30 AVENUE HOLLYWOOD FL 33020 82 Street Address (P.O. Box Number is Not Acceptable) 83 B4 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Floride Statutes, the above-named corporation submits this statement for the purpose of changing lis registere agent. I am familiar with, and accept the obligations of, Section 607.0505, Floride Statutes. SIGNATURE Signature hier for provisions of provisions of Sections 607.0505, Floride Statutes. NOTI Change as authorized by the corporation's board of directors. I hereby accept the appointment as registere agent. I am familiar with, and accept the obligations of, Section 607.0505, Floride Statutes. SIGNATURE Signature hier for provisions of sections of Section 607.0505, Floride Statutes. NOTI Change as a statute of provisions of Section 607.0505, Floride Statutes. ITILE PSTD DELETE 1.1 ITILE PSTD DELETE 1.2 PAWE 1.2 PAWE 1.3 STREET ADDRESS 1.3 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.4 ITILE 1.5 PART DORESS 1.5 STREET ADDRESS 1.5 STREET | 201 | Ζ ιρ | | Country | | + | | Cor | intry | | |
| STREETER, JANET 1113 \$ 30 AVENUE HOLLYWOOD FL 33020 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.05.02 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature hyster or pretind name of improved agent in the Wageteniate* (NOTE Registered Agent agreeture required when represently the ecorporation's board of directors. I hereby accept the appointment as registered agent are hybrid or pretind name of improved agent in the Wageteniate* 12. OF IT | 24 | | | | | | | 30 | | | Personal Property Tax due June 30. X Yes No |
| 11. Pursuant to the provisions of Socions 607.05.02 and 607.15.08, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its register of agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registere agent. I am familiar with, and accept the obligations of, Section 607.05.05, Florids Statutes, the ebove-named corporation submits this statement for the purpose of changing its register of the agent agent. I am familiar with, and accept the obligations of, Section 607.05.05, Florids Statutes. SIGNATURE SIGNATURE SIGNATURE OF FICE IS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITILE PSTD DELETE 1.1 ITILE STREET ADDRESS TA440 WILES ROAD 1.3 STREET ADDRESS COPY-ST-ZP CORAL SPRINGS FL 33067 1.4 DIV:-ST-ZP DELETE 2.1 TILE DELETE 2.2 PIMAR SIREET ADDRESS COPY-ST-ZP TITLE DELETE 3.3 STREET ADDRESS COPY-ST-ZP TITLE DELETE 3.4 DIV:-ST-ZP Change Additional A | | | | | of Current I | Registered | l Agent | | | | |
| HOLLYWOOD FL 33020 ### City #FL ### Size Code ### City # | | | | | | | | | B1 | Name | |
| B3 | | | | | | | | | 82 | Street A | Address (P.O. Box Number is Not Acceptable) |
| 11. Pursuant to the provisions of Sections 607.05.02 and 607.15.08, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register agent. I am familiar with, and accept the change was authorized by the corporation's board of directors. I hereby accept the appointment as registere agent. I am familiar with, and accept the change was authorized by the corporation's board of directors. I hereby accept the appointment as registere agent. I am familiar with, and accept the change of changing its register agent. I am familiar with, and accept the change of changing its register agent. I am familiar with, and accept the change of changing its register agent. I am familiar with, and accept the change of chan | 1 | 110 | LLIWOOD | TE 33020 | | | | | 83 | | |
| 11. Pursuant to the provisions of Sections 607.05.02 and 607.15.08, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register agent. I am familiar with, and accept the obiligations of, Section 607.05.05, Florida Statutes. SIGNATURE Signature Signat | | | | | | | | | 94 | City | at 7in Code |
| office or registered agent, or both, in the State of Florata, Such change was euthorized by the corporation's board of directors. I hereby accept the appointment as registere agent 1 am familiar with, and accept the obligations of, Section 607.6505, Florida Statutes. SIGNATURE Signature, byted or protest name of togethered agent and the latified applicable. (NOTE, Registered Agent signature required when reinstating). DATE | | | | | | | | | | City | FL 65 210 COUR |
| SIGNATURE Signature, type of or pretend name of togethered agent and total Magnifications 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 11TILE | 11 | office or re | egistered ag | ent, or both, in | the State of | Florida St | uch change wa: | s authorize | d by | the corpo | corporation submits this statement for the purpose of changing Its registered poration's board of directors. I hereby accept the appointment as registered |
| Signature, typed or protot nation of logic-laced quantities it parphierable (NOTE, Poglistered Agent signature required when reinstating) DATE | ۰, | • | m familiar wi | th, and accept | the obligation | oris of, Sec | tion 607.0505, I | Florida Sta | lutes | i. | |
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| CITY-SI-ZIP 64 CITY-SI-ZIP 64 CITY-SI-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 supplied which is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee compowered 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: