

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 16 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000015430 (7)
 1. Corporation Name

FUN TO SEA AMUSEMENTS, INC.



Principal Place of Business: 10619 SUMMER SEASONS PLACE, TAMPA FL 33625-5815, US
 Mailing Address: 10619 SUMMER SEASONS PLACE, TAMPA FL 33625-5815, US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/15/1996
 4. FEI Number: 59-3373708
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: HOLCOMB, VICTOR W, HOLCOMB & DECORT, P.A., 415 SOUTH HYDE PARK AVENUE, TAMPA FL 33606

10. Name and Address of New Registered Agent (81-84) fields for Name, Street Address, City, and Zip Code (FL).

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 reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	JONES, WAYNE E	
STREET ADDRESS	211 S. DALE MABRY HIGHWAY	
CITY-ST-ZIP	TAMPA FL	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	JONES, TRUDY E	
STREET ADDRESS	211 S. DALE MABRY HIGHWAY	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOULD, VIRGINIA	
STREET ADDRESS	211 S. DALE MABRY HIGHWAY	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JONES, DANIEL	
STREET ADDRESS	10619 SUMMER SEASONS PL.	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JONES, DANIEL	
1.3 STREET ADDRESS	10619 SUMMER SEASONS PL	
1.4 CITY-ST-ZIP	TAMPA, FL 33625	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE: _____ 7/16/98 (813) 962-1661

CR2E034 (5/98)