


**FILED**  
**Apr 01, 1999 8:00 am**  
**Secretary of State**

04-01-1999 90092 029 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P96000015430**

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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <i>Same</i>		28 <i>Same</i>		02/15/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 City & State		29 City & State		59-3373708	
24 Zip		30 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country		31 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
26 Country		32 Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 Name *WALKER 7 ASSOC. (STEVE JONES)*  
 82 Street Address (P.O. Box Number is Not Acceptable)  
*211 SOUTH DALE MABRY*  
 83  
 84 City *TAMPA* FL 85 Zip Code *33609*

11. Pursuant to the provisions of Sections 807.0502 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)

4/19/99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, WAYNE E	1.2 NAME	
STREET ADDRESS	211 S. DALE MABRY HIGHWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	DVS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, TRUDY E	2.2 NAME	
STREET ADDRESS	211 S. DALE MABRY HIGHWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOULD, VIRGINIA	3.2 NAME	
STREET ADDRESS	211 S. DALE MABRY HIGHWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33609	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, DANIEL	4.2 NAME	
STREET ADDRESS	10619 SUMMER SEASONS PL	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33625	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:

*Signature*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/99

(813)

962-1661

Date

Daytime Phone #

CR2E(34 (1/98)