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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000018378

FUN T'S MBD, INC	•			
Principal Place of Business	Mailing Address			
901 SUNRISE LANE FT LAUDERDALE FL 33304	901 SUNRISE LANE FT LAUDERDALE FL 33304			
2. Principal Place of Business	2a. Mailing Address			
21	26			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			

FILED Feb 08, 1999 8:00am **Secretary of State**

02-08-1999 90041 048 ***150.00

FUN T'S	S MBD, INC										
Principal Place	e of Business	Mailing Address				 	id iki ob ili od ili odi	i i 11 04 : 1 0 :04 10:11:	1881 IBN 1881		
Principal Place of Business Mailing Address 901 SUNRISE LANE 901 SUNRISE LANE FT LAUDERDALE FL 33304 FT LAUDERDALE FL 33304											
	AUDENDALE PL 33304 PT LAUDENDALE PL 35304					DO NOT WRITE IN THIS SPACE					
i		•			. [Date Incorporated or Qu	alifed				
	·					02/28/1996					
	Place of Business	2a. Mailing Address				4. FEI Number		}	plied For	36	
21		26				<u>65-0649483</u>			t Applicable	7	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Des	red 🗆	\$8.75 A			
City & Stat		City & State				- Fi					
— ·	t e	28				Election Campaign Final Trust Fund Contribution	ncing 🗀	\$5.00 Added to			
Zip	Country	Zip	Co	untry		8. This corporation owes th	e current vear l		01000		
24	25	29	30	,		Personal Property Tax.	o carront your .		□No .		
2-41	9. Name and Address of	Current Registered Agent	11		1	0. Name and Address of	New Registere	d Agent			
·		20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		81 Name							
	ENBERG, ARTHUR R 5 N FEDERAL HWY 7 FL			82 Street A	ddress	(P.O. Box Number is Not A	cceptable)				
FT L	AUDERDALE FL 33308		•	83		1. 17 4 7 4 14	5 45 11 11 44 44 1		117 101 V21		
	•			84 City		1,521, 11, 13, 13, 13, 13, 14, 14, 14, 14, 14, 14, 14, 14, 14, 14	1. () () () () () () () () () (85 Zip C	54年 (2年) 72日 - 1971		
				84 City			F	L • • • • • • • • • • • • • • • • •	2008		
11. Pursuant	to the provisions of Sections 6	607.0502 and 607.1508, Florida St	atutes, the a	hove-named c	corporat	ion submits this statement f	or the purpose	of changing its	registered		
agent. I a	registered agent, or both, in the am familiar with, and accept the	e State of Florida. Such change was obligations of, Section 607.0505,	as authorize	d by the corpor	ration's	board of directors. I hereby	accept the app	ointment as reg	gistered		
agent. I a	nm familiar with, and accept the	e State of Florida. Such change wa e obligations of, Section 607.0505,	as authorize Florida Sta	d by the corpor tutes.	ration's	board of directors. I hereby	accept the app	ointment as reg	gistered	-	
agent. I a	am familiar with, and accept the Signature, typed or printed name of regis	e State of Florida. Such change wa e obligations of, Section 607.0505,	as authorize Florida Sta	d by the corpor tutes.	ration's	board of directors. I hereby an reinstating). (800) ADDITIONS/CHANGES 1	accept the app		gistered	(00)	
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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 of 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.