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FILED  
Apr 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
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DOCUMENT # P96000056379 (6)

1. Corporation Name

FUN TRAINS, INC.

Principal Place of Business

Mailing Address

201 SOUTH BISCAYNE BLVD. #1402  
MIAMI FL 33131

201 SOUTH BISCAYNE BLVD. #1402  
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/03/1996

4. FEI Number

65-0686045

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

2a. Mailing Address

21 3700 North 29th Ave

26 3700 North 29th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 202

27 Suite 202

City & State

City & State

23 Hollywood, FL

28 Hollywood, FL

Zip

Country

Zip

Country

24 33020

25 USA

29 33020

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OLLE, DENNIS J  
OLLE, MACAULAY & ZORRILLA, P.A.  
201 SOUTH BISCAYNE BLVD. #1402  
MIAMI FL 33131

81 Name

Dennis J. Olle

82 Street Address (P.O. Box Number is Not Acceptable)

Adorno & Zedek, P.A.

83

2001 South Bayshore Dr. Suite 1000

84 City

Miami

FL

85 Zip Code

33133

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 ☐ DELETE

NAME DCOB  
HARPER, ALLEN C  
STREET ADDRESS 1380 SOUTH DIXIE HIGHWAY  
CITY-ST-ZIP CORAL GABLES FL

TITLE ☒ DELETE

NAME DPCE  
MONTELEONE, RAY  
STREET ADDRESS 2445 HOLLYWOOD BLVD  
CITY-ST-ZIP HOLLYWOOD FL

TITLE ☒ DELETE

NAME VPST  
NANOVSKY, WILLIAM T  
STREET ADDRESS 2445 HOLLYWOOD BLVD  
CITY-ST-ZIP HOLLYWOOD FL

TITLE ☐ DELETE

NAME AS  
CUMMING, DONALD P  
STREET ADDRESS 2445 HOLLYWOOD BLVD  
CITY-ST-ZIP HOLLYWOOD FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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

Donald P. Cumming

4-3-98

(954) 920-1600

CR2E034 (10/97)