

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000063968 (7)
1. Corporation Name
CFUN INC.



Principal Place of Business
100 WEST LIVINGTON STREET
ORLANDO FL 32801

Mailing Address
100 WEST LIVINGTON STREET
ORLANDO FL 32801-1523

| | | | | | | | |
|---|---------------------|---------------------|---------------------|---|--|--------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 07/31/1996 | | 3a. Date of Last Report | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 59-3409530 | | Applied For Not Applicable | |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 | Zip | 28 | Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 | Country | 29 | Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| HARMENING, W.A. II 100 WEST LIVINGTON STREET ORLANDO FL 32801 | | | | B1 Name | | | |
| | | | | B2 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | B3 | | | |
| | | | | B4 City | | | |
| | | | | FL B5 Zip Code | | | |

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's signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------------|---|--|
| TITLE | 0 <input type="checkbox"/> DELETE | 1.1 TITLE | P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HARMENING, W.A. II | 1.2 NAME | Harmening, W.A. II |
| STREET ADDRESS | 100 WEST LIVINGTON STREET | 1.3 STREET ADDRESS | 100 W. Livingston St. |
| CITY-ST-ZIP | ORLANDO FL 32801 | 1.4 CITY-ST-ZIP | Orlando, FL 32801 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 2.2 NAME | Locke, John |
| STREET ADDRESS | | 2.3 STREET ADDRESS | 100 W. Livingston St. |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | Orlando, FL 32801 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | D/V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 3.2 NAME | Ledford, Chris |
| STREET ADDRESS | | 3.3 STREET ADDRESS | 214 Norton Lane |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | Winter Springs, FL 32708 |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | D/T/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 4.2 NAME | Harmening, Mary |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 1107 E. Washington St. |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | Orlando, FL 32801 |
| 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 do 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:

[Signature]

4/16/97

CR2E034 (9/96)