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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000066792 (8)

FANTASY FIGURES, INC.

FILED Feb 04 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 9167 CHIANTI COURT 9167 CHIANTI COURT BOYNTON BEACH FL 33437-2461 BOYNTON BEACH FL 33437-2461 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/02/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 58-2258461 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 HENRIQUES, FRANK 9167 CHIANTI COURT 82 Street Address (P.O. Box Number is Not Acceptable) **BOYNTON BEACH FL 33437-2461** 83 84 Zip Code City 85 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETÉ Addition TITLE 1.1 TITLE Change HENRIQUES, FRANK NAME 1.2 NAME 9167 CHIANTI COURT STREET ADDRESS 1.3 STREET ADDRESS **BOYNTON BEACH FL 33437-2461** CITY-ST-ZIP 1.4 CITY-ST-ZiP DELETE Change ... Addition TITLE 2.1 T/ILE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY-ST-7IP CITY-ST-ZIP DELETE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 51 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE 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 changes, or on an attachment with praddress.

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1-21-100V