

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P97000004981 (1)**

1. Corporation Name
FUN FUN ENTERTAINMENT, INC.

Principal Place of Business
**1136 SOUTH EDGEWOOD AVENUE
JACKSONVILLE FL 32205**

Mailing Address
**1136 SOUTH EDGEWOOD AVENUE
JACKSONVILLE FL 32205**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/15/1997

4. FEI Number
59-3419976

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. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. 25.

29. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REINSCH, MARK A ESQ.
200 W. FORSYTH STREET
SUITE 1400
JACKSONVILLE FL 32202**

81. Name

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

83.

84. City

FL 85. 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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D NOSRAT, BRUCE
STREET ADDRESS
1136 SOUTH EDGEWOOD AVENUE
CITY-ST-ZIP
JACKSONVILLE FL 32205

TITLE ☐ DELETE

NAME
D PARIS, RAY
STREET ADDRESS
1136 SOUTH EDGEWOOD AVENUE
CITY-ST-ZIP
JACKSONVILLE FL 32205

TITLE ☐ DELETE

NAME
D HAKIM, TOM
STREET ADDRESS
1136 SOUTH EDGEWOOD AVENUE
CITY-ST-ZIP
JACKSONVILLE FL 32205

TITLE ☐ DELETE

NAME
D TAVOUSI, BJAN
STREET ADDRESS
1136 SOUTH EDGEWOOD AVENUE
CITY-ST-ZIP
JACKSONVILLE FL 32205

TITLE ☐ DELETE

NAME
D NOSRAT, DELORES
STREET ADDRESS
1136 SOUTH EDGEWOOD AVENUE
CITY-ST-ZIP
JACKSONVILLE FL 32205

TITLE ☐ DELETE

NAME
D SUMON, MIKE
STREET ADDRESS
1136 SOUTH EDGEWOOD AVENUE
CITY-ST-ZIP
JACKSONVILLE FL 32205

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

Bruce Nosrat

4-27-98

CR2E034 (10/97)