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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000032644**1. Corporation Name

FUN TO DO, INC.

FILED Jun 09, 1999 8:00 am Secretary of State

06-09-1999 90005 004 ***550.00



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Principal Place	e of Business	Mailing Address					, ,
PLAZA CENTER	!	PLAZA CENTER					
249 ROYAL PALM WAY, SUITE 401		249 ROYAL PALM WAY. SUITE 401		DO NOT WRITE IN THIS SPACE			
PALM BEACH FL 33480 PALM BEACH FL 3348			0		3. Date incorporated or Qualified		
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	- A Paris	2- Mailing Addrone			04/10/1997 4. FEI Number	Applied	l For
2. Principal Place of Business 2a. Mailing Address				A1 /	<u>.</u> "	- - - - - - - - - - - - - - 	plicable
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Suite, Apt.		L			Certificate of Status Desired	Fee Require	
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23 Hu AA	Country	Zip Zip		intry	This corporation owes the current		
Zip	′.	00101		vs7a	Personal Property Tax.	it year intangible ☐ Yes ☐ D	10
24 33131	9. Name and Address of Current			<u> </u>	10. Name and Address of New Re		
	5. Name and Address of Current	Registered Agent		81 Name		_	
DET	DAMPIERRE, ELIE		ļ	MYC	EVIE DE DIBORDI		
PLAZA CENTER					Iress (P.O. Box Number is Not Acceptab		
	ROYAL PALM WAY, SUITE 401			83	BRICKEL BOY DAV	<u> </u>	
	M BEACH FL 33480			Suir	E 312		
TAL	W DENOTT I C 33400			84 City		FL 85 Zip Code	
				Kin	ed,		
11, Pursuant office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and eccept the obligation	and 607.1508, Florida Si f Florida. Such change w one-of <u>, Seeti</u> on 607.0505	tatutes, the all as authorized , Florida Stati	bove-named cor d by the corporat utes.	poration submits this statement for the prior's board of directors. I hereby accept	the appointment as registe	red
SIGNATURE	She by Wording	FILE DE S	DAM DE		heron Ma	727 1999	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS	IN 12
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14. 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 affectment and 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 affectment and 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 affectment of the corporation or the receiver or trustee empowered.

SIGNATURE:

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