

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000033887

1. Corporation Name
FUNKTIONAL FUNK, INC.

Principal Place of Business
**1177 GEORGE BUSH BLVD.
SUITE 400
DELRAY BEACH, FL 33483**

Mailing Address
**1177 GEORGE BUSH BLVD.
SUITE 400
DELRAY BEACH, FL 33483**

05-04-1999 90069 009 ***150.00

**FILED
May 04, 1999 8:00 am
Secretary of State**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
4/14/97

4. FEI Number
65-0747065

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
Fee Required

6. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution

7. This corporation owes the current year Intangible
Personal Property Tax. Yes No

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 4/14/97
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0747065
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Zip 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Trust Fund Contribution
9. Name and Address of Current Registered Agent SCOTT E. NUNLEY 515 N. FLAGLER DRIVE 18TH FLOOR WEST PALM BEACH, FL 33401		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No
		10. Name and Address of New Registered Agent 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	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP DIRECTOR/PRESIDENT/TREASURER SHAYNA M. RAYMAN 6155 N. OCEAN BLVD. OCEAN RIDGE, FL 33435	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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP ALAN J. FELDMAN 47W210 ROUTE 30 BIG ROCK, IL 60511		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP SECRETARY MARCIA RAYMAN 6155 N. OCEAN BLVD. OCEAN RIDGE, FL 33435		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ASST. SECRETARY DENNIS R. JOHNSON 47W210 ROUTE 30 BIG ROCK, IL 60511		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE **DENNIS R. JOHNSON, ASST. SEC'Y 4/23/99 630-556-3731**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)