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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000038631

1. Corporation Name

K.B.'S FUN IN THE SUN, INC.

Principal Place of Business 2722 SOUTH ATLANTIC DAYTONA BEACH SHORES FLORIDA 32127	Mailing Address 2722 SOUTH ATLANTIC DAYTONA BEACH SHORES FLORIDA 32127
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2824 RIDGE ROAD Suite, Apt. #, etc. 22 DAYTONA BEACH SHORES City & State 23 FLORIDA Zip 24 32118		2a. Mailing Address 26 2824 RIDGE ROAD Suite, Apt. #, etc. 27 DAYTONA BEACH SHORES City & State 28 FLORIDA Zip 29 32118		3. Date Incorporated or Qualified 04/24/97	
4. FEI Number 59-3454853		Applied For <input type="checkbox"/> 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 the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

JOHN S NORTON, JR., P.A.
431 NORTH GRANDVIEW AVE.
DAYTONA BEACH, FL 32118

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME OLSEN, CRAIG STREET ADDRESS 2722 SOUTH ATLANTIC AVE CITY - ST - ZIP DAYTONA BCH SHORES, FL 32127	DELETE	1.1 TITLE X Change 1.2 NAME 1.3 STREET ADDRESS 2824 RIDGE ROAD 1.4 CITY - ST - ZIP DAYTONA BCH SHORES, FL 32118	Addition
TITLE D NAME OLSEN, EILEEN STREET ADDRESS 2722 SOUTH ATLANTIC AVE CITY - ST - ZIP DAYTONA BCH SHORES, FL 32127	DELETE	2.1 TITLE X Change 2.2 NAME 2.3 STREET ADDRESS 2824 RIDGE ROAD 2.4 CITY - ST - ZIP DAYTONA BEACH SHORES, FL 32118	Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DELETE	3.1 TITLE - Change 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DELETE	4.1 TITLE Change 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DELETE	5.1 TITLE Change 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DELETE	6.1 TITLE Change 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #