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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000056681 (4)

FANTASTIC FINDS, INC.

Principal	Place o	of Business
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Mailing Address

FILED
Apr 15 1998 8:00am
Secretary of State



	120 WEST COUNTRY CLUB BLVD. 7420 WEST COUNTRY CLUB BLVD. BOCA RATON FL 33487 BOCA RATON FL 33487			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/26/1997		
2. Principal	Place of Business	2a. Mailing Address		, <u>.</u>	4. FEI Number	Applied For
21		26			65-0766413	Not Applicable
Suite, Apt	I. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27			C, Communic of Citatus Desired	Fee Required
City & Sta	de	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Count	У	8. This corporation owes or has paid the cur	_ ' — '
24	25	29	[30]			Yes No
	9. Name and Address of Cu	rrent negistered Agent	8	Name	10. Name and Address of New Registered	Agent
	SSANTE, JOHN		*	Naine		
7420 WEST COUNTRY CLUB BLVD.			82	82 Street Address (P.O. Box Number is Not Acceptable)		
ВС	OCA RATON FL 33487		8:	1		
			"			
			84	City	FL	85 Zip Code
11. Pursuani	to the provisions of Sections 607.	0502 and 607.1508, Florida State	utes, the abov	l ve-named cor	noration submits this statement for the nurroses of	changing its registered
office or	registered agent, or both, in the S am familiar with, and accept the of	tate of Horida. Such change was	s authorized b	by the corpora	tion's board of directors. I hereby accept the app	ointment as registered
-	on minimal vitti, and accept the O	rigitions or, occiton oor, coop, r	ionua statute			
SIGNATURE	Signature, typed or printed name of registered	d agent and trie if applicable (NO	OTE Registered Ag	gent signature requ	ired when reinstating) DATE	
12.	OFFICE RS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	D	DELE te	1.1 TITLE			Change Addition
NAME	ASSANTE, JOHN		1.2 NAME			
STREET ADDRESS	7420 WEST COUNTRY CL	ub BLVD.	1.3 STREE	T ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33487		1.4 CITY-	ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE			Change Addition
NAME	ASSANTE, GERALDINE		2.2 NAME			
STREET ADDRESS	7420 WEST COUNTRY CL	ub blvd.	2.3 STREE	T ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33487		2.4 CITY-	ST-ZIP		
TITLE		DELETE	3 1 TITLE			☐ Change ☐ Addition
NAME			3 2 NAME			ļ
STREET ADDRESS			3 3 STREE	T ADDRESS		į
CITY-ST-ZIP	<u> </u>		3.4. CITY-	·ST-ZIP		!
TITLE		DELE TE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-ST-ZIP			4.4 CITY -	S1-ZIP		
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME	ļ		
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY-ST-ZIP	V.		5.4 CITY-			
TITLE		DELETE	61 TITLE			Change Addition
NAME			62 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			6.4 CITY-			

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 eath; 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.

MARINE DEALLE WILLIAM GERRANGE HISTAPHIAS