

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

FILED  
Feb 02, 1999 8:00am  
Secretary of State

02-02-1999 90007 041 \*\*\*\*\*150.00

DOCUMENT # P97000097410

1. Corporation Name  
FUN ART, INC.

Principal Place of Business

P.O. BOX 7953  
DELRAY BEACH FL 33482

Mailing Address

P.O. BOX 7953  
DELRAY BEACH FL 33482

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/14/1997

4. FEI Number

65-0800315

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 the current year Intangible

Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

DAIDOLA, BARBARA  
2732 KNIGHT LANE  
DELRAY BEACH FL 33445

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

TITLE ☐ DELETE

NAME  
DAIDOLA, BARBARA L  
STREET ADDRESS  
2732 KNIGHT LANE  
CITY-ST-ZIP  
DELRAY BEACH FL 33445

TITLE ☐ DELETE

NAME  
CICCONI, ALEXIS M  
STREET ADDRESS  
2732 KNIGHT LANE  
CITY-ST-ZIP  
DELRAY BEACH FL 33445

TITLE ☐ DELETE

NAME  
DAIDOLA, BARBARA L  
STREET ADDRESS  
2732 KNIGHT LANE  
CITY-ST-ZIP  
DELRAY BEACH FL 33445

TITLE ☐ DELETE

NAME  
CICCONI, ALEXIS M  
STREET ADDRESS  
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TITLE ☐ DELETE

NAME  
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STREET ADDRESS  
2732 KNIGHT LANE  
CITY-ST-ZIP  
DELRAY BEACH FL 33445

TITLE ☐ DELETE

NAME  
CICCONI, ALEXIS M  
STREET ADDRESS  
2732 KNIGHT LANE  
CITY-ST-ZIP  
DELRAY BEACH FL 33445

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/14/99 (561)  
265-3750

CR2E034 (11/98)