

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

FILED

Feb 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000100788 (3)

1. Corporation Name

TEMTOY ATTRACTIONS, INC.

Principal Place of Business

11214 PINES BLVD., STE. 170
PEMBROKE PINES FL 33026

Mailing Address

11214 PINES BLVD., STE. 170
PEMBROKE PINES FL 33026



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 681 NE 125 TH ST		26 11214 PINES BLVD		11/25/1997	
22 Suite, Apt. #, etc.		27 # 170		4. FET Number	
23 N. MIAMI FL		28 P. PINES FL		65-0803032	
24 33161		29 33026		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
25 U.S.A.		30 U.S.A.		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			

ALYGBUSI, OLUWNTYOIN
11214 PINES BLVD., STE. 170
PEMBROKE PINES FL 33026

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 607.06(2) and 607.15(8), 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 obligation of, Section 607.06(5), Florida Statutes.

SIGNATURE 

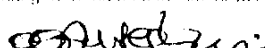
(Print - Registered Agent signature required when reinstating)

2/13/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	V/S
NAME	ALYGBUSI, OLUWNTYOIN	12 NAME	MICHAEL SMTH
STREET ADDRESS	11214 PINES BLVD., STE. 170	13 STREET ADDRESS	8362 PINES BLVD #161
CITY-ST-ZIP	PEMBROKE PINES FL 33026	14 CITY-ST-ZIP	PEMBROKE PINES FL 33024
TITLE		21 TITLE	C. E. O / CHAIRMAN
NAME		22 NAME	KAYODE ALAKIU
STREET ADDRESS		23 STREET ADDRESS	11214 PINES BLVD #170
CITY-ST-ZIP		24 CITY-ST-ZIP	P. PINES FL 33026
TITLE		31 TITLE	TREASURER/PURCHASER
NAME		32 NAME	FOLAKEMI ALLI
STREET ADDRESS		33 STREET ADDRESS	8362 PINES BLVD #161
CITY-ST-ZIP		34 CITY-ST-ZIP	P. PINES FL 33026
TITLE		41 TITLE	P/D PRESIDENT/DIRECTOR
NAME		42 NAME	OLUWNTYOIN ALYGBUSI
STREET ADDRESS		43 STREET ADDRESS	11214 PINES BLVD #170
CITY-ST-ZIP		44 CITY-ST-ZIP	P. PINES FL 33026
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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.

SIGNATURE:



2/13/98

CR2E034 (10/97)