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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

DOCUMENT # **P97000100788 (3)**

1. Corporation Name
TEMTOY ATTRACTIONS, INC.

Principal Place of Business	Mailing Address
11214 PINES BLVD., STE. 170 PEMBROKE PINES FL 33026	11214 PINES BLVD., STE. 170 PEMBROKE PINES FL 33026

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 681 NE 125TH ST Suite, Apt. #, etc. 22 City & State 23 N. MIAMI FL Zip 24 33161 Country 25 U.S.A.	2a. Mailing Address 26 11214 PINES BLVD Suite, Apt. #, etc. 27 # 170 City & State 28 P. PINES FL Zip 29 33026 Country 30 U.S.A.

3. Date Incorporated or Qualified
11/25/1997

4. FEI Number
65-0803032 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

9. **Name and Address of Current Registered Agent**
ALYEGBUSI, OLUWNTOYIN
11214 PINES BLVD., STE. 170
PEMBROKE PINES FL 33026

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] 2/13/98
(NOTE: Registered Agent signature required when reinstating) DATE

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

CR2E034 (10/97)

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 added above.

SIGNATURE: [signature] 2/13/98