

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
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90030 008 ***158.75

DOCUMENT # P98000025416 ✓

1. Corporation Name

FLORIDA FUN INC.

Principal Place of Business

Mailing Address

15001 LAUREL COVE CR
ODESSA, FL 33556

SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3-18-98

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-350 5035

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

X

\$8.75 Additional

Fee Required

City & State

City & State

23

28

6. Election Campaign Financing

□

\$5.00 May Be

Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation owes the current year Intangible

Personal Property Tax.

□ Yes

X No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

CHARLES K. PARK

82 Street Address (P.O. Box Number is Not Acceptable)

15001 LAUREL COVE CIR.

83

84 City

ODESSA

FL

85 Zip Code

33556

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

□ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

□ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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STREET ADDRESS

CITY-ST-ZIP

TITLE

□ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

OWNER

□ Change

X Addition

1.2 NAME

CHARLES K. PARK

1.3 STREET ADDRESS

15001 LAUREL COVE CIR.

1.4 CITY-ST-ZIP

ODESSA, FL. 33556

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

CHARLES K. PARK 4/20/99 813-920-7928

Date

Daytime Phone #

CR2E034 (11/98)