

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 22 AM 8:46

DOCUMENT # S49129 (7)

1. Corporation Name
FUN MARINE, INC.

Principal Place of Business
 8970 DISCOVERY RD.
 CAPE CANAVERAL FL 32920

Mailing Address
 8970 DISCOVERY RD.
 CAPE CANAVERAL FL 32920

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/29/1991	3a. Date of Last Report 08/24/1994
4. FEI Number 59-3051951	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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
---	--

9. Name and Address of Current Registered Agent DANLEY, RICHARD D. 3501 13TH ST ST. CLOUD FL 34769	10. Name and Address of New Registered Agent <table border="1"> <tr> <td>81 Name</td> <td>85 Zip Code</td> </tr> <tr> <td>82 Street Address (P.O. Box Number is Not Acceptable)</td> <td></td> </tr> <tr> <td>83</td> <td></td> </tr> <tr> <td>84 City</td> <td>FL</td> </tr> </table>	81 Name	85 Zip Code	82 Street Address (P.O. Box Number is Not Acceptable)		83		84 City	FL
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 607.0502 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	D	1 1 TITLE	☒ Change ☐ Addition
NAME	WIRTZBERGER, LARRY	12 NAME	Wirtzberger, Larry
STREET ADDRESS	111 E. 17TH ST.	13 STREET ADDRESS	8970 Discovery Rd.
CITY - ST - ZIP	ST. CLOUD FL	14 CITY - ST - ZIP	CAPE CANAVERAL FL 32920
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	KERZNER, SETH	22 NAME	Kerzner, Seth
STREET ADDRESS	111 E. 17TH ST.	23 STREET ADDRESS	8970 Discovery Rd.
CITY - ST - ZIP	ST. CLOUD FL	24 CITY - ST - ZIP	CAPE CANAVERAL FL 32920
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: Larry Wirtzberger D. Larry Wirtzberger 6/19/95 407-799-1100
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/95)