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Secretary of State
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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S57980**

1. Corporation Name
SMYRNA FUN & SUN ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1035 FOGGY BROOK PLACE LONGWOOD FL 32750 US 1053 SWEETBRIAR RD ORLANDO FL 32806	1036 FOGGY BROOK PLACE LONGWOOD FL 32750 US 1053 SWEETBRIAR RD ORLANDO FL 32806

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1053 SWEETBRIAR RD	2a. Mailing Address 26 1053 SWEETBRIAR RD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 ORLANDO FLORIDA	City & State 28 ORLANDO FLORIDA
Zip / Country 24 32806 / 25 ORANGE	Zip / Country 29 32806 / 30 ORANGE

3. Date Incorporated or Qualified: 05/31/1991
4. FEI Number: 59-3070862 ☐ 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 tangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SPENCER, STEVE
1036 FOGGY BROOK PLACE
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name: WARREN TOOKE
82 Street Address (P.O. Box Number is Not Acceptable): 1053 SWEETBRIAR RD
83 ORLANDO FLORIDA 32806
84 City: ORLANDO FL 85 Zip Code: 32806

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: Warren L Tooke III — 4-14-99
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	PD	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SPENCER, STEVE		1.2 NAME		
STREET ADDRESS	1036 FOGGY BROOK PLACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL		1.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PAGE, JAMES F., JR.		2.2 NAME		
STREET ADDRESS	1389 E. CAMPBELL ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	PRES	☐ Change ☒ Addition
NAME			3.2 NAME	WARREN TOOKE	
STREET ADDRESS			3.3 STREET ADDRESS	1053 SWEETBRIAR RD	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	ORLANDO FL 32806	
TITLE		☐ DELETE	4.1 TITLE	SECTARY	☐ Change ☐ Addition
NAME			4.2 NAME	MANUEL FABRA	
STREET ADDRESS			4.3 STREET ADDRESS	245 LIVERPOOL CIR	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: Warren L Tooke III — 4-14-99 — 407-872-0908
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

WARREN L. TOOKE, SR