

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 19 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S87640 (6)

1. Corporation Name:

WE4FUN, INC.

Principal Place of Business

**13500 STATE ROAD 535
ORLANDO FL 32821**

Mailing Address

**13500 STATE ROAD 535
ORLANDO FL 32821**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/15/1991

3a. Date of Last Report

02/23/1994

4. FEI Number

59-3087361

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(3)(2)
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21 8801 Vistana Centre Dr.

2a. Mailing Address

26 P.O. Box 22197

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
City & State

27
City & State

23 Orlando, Florida

28 Lake Buena Vista, FL

Zip Country

Zip Country

24 32821

25

29 32821-2197

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EGERTON, CHARLES H.
800 NORTH MAGNOLIA AVENUE
SUITE 1500
ORLANDO FL 32803**

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, typed or printed name of registering agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DC**
NAME **GELLEN, RAYMOND L., JR.**
STREET ADDRESS **13500 STATE ROAD 535**
CITY-ST-ZIP **ORLANDO FL**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **8801 Vistana Centre Drive**
1.4 CITY-ST-ZIP

TITLE **DP**
NAME **ADLER, JEFFREY A.**
STREET ADDRESS **13500 STATE ROAD 535**
CITY-ST-ZIP **ORLANDO FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **8801 Vistana Centre Drive**
2.4 CITY-ST-ZIP

TITLE **DCEO**
NAME **ZIMAND, ARTHUR**
STREET ADDRESS **13500 STATE ROAD 535**
CITY-ST-ZIP **ORLANDO FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **8801 Vistana Centre Drive**
3.4 CITY-ST-ZIP

TITLE **VTS**
NAME **AVRIL, MATTHEW E.**
STREET ADDRESS **13500 STATE ROAD 535**
CITY-ST-ZIP **ORLANDO FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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 this 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:

Matthew E. Avril
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Matthew E. Avril, VP, Sec. & Treas.

3-30-95

(407) 239-3000