FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
97 APR 28 AM 6:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # S87640

1. Corporation Name
WE4FUN, INC.

Principal Place of Business
8801 VISTANA CENTRE DRIVE
ORLANDO, FLORIDA 32821
U.S.A.

Mailing Address
P.O. BOX 22197
LAKE BUENA VISTA, FLORIDA
22821-2197
U.S.A.

3. Date Incorporated or Qualified: 10/15/91
3a. Date of Last Report: 3/27/96

2. Principal Place of Business — 21:
2a. Mailing Address — 26: P.O. BOX 22197
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28: LAKE BUENA VISTA, FLORIDA
Zip — 24:
Country — 25:
Zip — 29: 32830-2197
Country — 30: U.S.A.

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. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
EGERTON, CHARLES H.
800 NORTH MAGNOLIA AVENUE
SUITE 1500
ORLANDO, FLORIDA 32803

10. Name and Address of New Registered Agent
81 Name: C T CORPORATION SYSTEM
82 Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD
83
84 City: PLANTATION, FL — 85 Zip Code: 33324

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: Connie Bryan — CONNIE BRYAN, SPECIAL ASSISTANT SECRETARY — DATE: 4/28/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City-St-Zip	Delete
C/D	GELLEIN, RAYMOND L., JR.	8801 VISTANA CENTRE DRIVE	ORLANDO, FLORIDA 32821	☒
P/D	ADLER, JEFFREY A.	8801 VISTANA CENTRE DRIVE	ORLANDO, FLORIDA 32821	☐
VTS	AVRIL, MATTHEW E.	8801 VISTANA CENTRE DRIVE	ORLANDO, FLORIDA 32821	☒
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Title	Name	Street Address	City-St-Zip	Change	Addition
C/CEO/D	GELLEIN, RAYMOND L., JR.	8801 VISTANA CENTRE DRIVE	ORLANDO, FLORIDA 32821	☒	☐
EVP/COO/AS	AVRIL, MATTHEW E.	8801 VISTANA CENTRE DRIVE	ORLANDO, FLORIDA 32801	☒	☐
SVP	WERTH, SUSAN B.	8801 VISTANA CENTRE DRIVE	ORLANDO, FLORIDA 32821	☐	☒
SVP/CRO/AS/T	SABIN, JOHN M.	8801 VISTANA CENTRE DRIVE	ORLANDO, FLORIDA 32821	☐	☒
				☐	☐
				☐	☐

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****173.75 ****173.75

14. I do 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.

SIGNATURE: Jeffrey A. Adler — Jeffrey A. Adler — 4/24/97 — (407) 239-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/96)