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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # V06322

SUN & FUN INC.

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FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90066 012 \*\*\*150.00



ISOUTH POINTE DRIVE  MANE BEACH FL 33139  2. Pipicinal Place of Business IS  2. Application Place of Business IS  3. Date Incorporated of Qualified O1/14/1992 IND  3. Date Incorporated of Qualified O1/14/1992 IND  3. Date Incorporated of Qualified O1/14/1992 IND  3. Application Place IND  3. Application Place IND  3. Application Place IND  3. Application Place IND  3. Super As F. etc. IND  3. Super As F. etc. IND  3. Configure IND  3. Configure IND  3. Application Place IND  3. Super As F. etc. IND  4. Super Ind  5. Su						BŘO 1101 01011 97811 01011 01811 1		
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9. Name and Address of Current Registered Agent  1. Name PREAT, ROBERT R  1. SOLITH POINTE DRIVE  1. HUMAN FT 33339  1. Pursuant to the provisions of Sections 607 (502 and 607 1508. Florida Statutes, the above-named comporation submits this statement for the purpose of changing its registered agent, and familiar with "75 dayspat by disglations of, Section 607 (502 and 607 1508. Florida Statutes, the above-named comporation submits this statement for the purpose of changing its registered agent, and familiar with "75 dayspat by disglations of, Section 607 (502 and 607 1508. Florida Statutes, the above-named comporation submits this statement for the purpose of changing its registered agent, and familiar with "75 dayspat by disglations of, Section 607 (505. Florida Statutes, the above-named comporation submits this statement for the purpose of changing its registered agent, and the provisions of section 607 (505. Florida Statutes, the above-named comporation submits this statement for the purpose of changing its registered agent, and the provision of section 607 (505. Florida Statutes, the above-named comporation submits this statement for the purpose of changing its registered agent, and the provision of section 607 (505. Florida Statutes, the above-named comporation submits this statement for the purpose of changing its registered days agent to the purpose of changing its registered days agent to the purpose of changing its registered diffication agent to the purpose of changing its registered days agent to the purpose of changing its registered days agent to the purpose of changing its registered days agent to the purpose of changing its registered days agent to the purpose of changing its registered days agent to the purpose of changing its registered days agent to the purpose of changing its registered days agent to the purpose of changing its registered days agent to the purpose of changing its registered days agent to the purpose of changing its registered days agent to the purpose of changing its register	3 MIM	NI REYCH LF	120 1111		Trust Fund Contribution	Added t	- !	
9. Name and Address of Current Registered Agent  THREATT, ROBERT R  LSOUTH POINTE DRIVE  MIAM! PT 33139  11. Pursuant to the provisions of Sections 607,9502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Investigation of Sections 607,9502 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. Investigation of Sections 607,9502 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. Investigation of Sections 607,9502 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 authorized by the corporation's board of directors. Investigation of Sections 607,9502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. In the Corporation's board of directors. In the Corporation's board of directors, in the Corporation's board of directors. In the Corporation's board of directors, in the Corporation's board of directors, in the Purpose of changing its registered agent. In the Corporation's board of directors, in the Corporation's board of directors, in the Purpose of changing its registered agent. In the Corporation's board of directors, in the		20	- 22.29 -	7 のふへに	•			
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TITLE VS NAME NEE, M. STREET ADDRESS 1 SOUTH POINTE DRIVE CITY-ST-ZIP MIAMI BEACH FL 33139  TITLE VP NAME THREATT, ROBERT R ONE SOUTH POINTE DR CITY-ST-ZIP MIAMI BEACH FL 33134  TITLE AS CITY-ST-ZIP MIAMI BEACH FL 33139  TITLE OCIONNESSE, CATHERINE F STREET ADDRESS CITY-ST-ZIP TITLE NAME COLONNESSE, CATHERINE F ONE SOUTH POINTE DR CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE OCIONNESSE, CATHERINE F STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP OELETE STREET ADDRESS STREET ADDRESS GA CITY-ST-ZIP OELETE OLONNESSE, CATHERINE F STREET ADDRESS STREET ADDRESS GA CITY-ST-ZIP OELETE OLONNESSE, CATHERINE F STREET ADDRESS STREET ADDRESS GA CITY-ST-ZIP OELETE OLONNESSE, CATHERINE F STREET ADDRESS STREET ADDRESS GA CITY-ST-ZIP OELETE OLONNESSE, CATHERINE F STREET ADDRESS STREET ADDRESS GA CITY-ST-ZIP OELETE OLONNESSE, CATHERINE F ONE SOUTH POINTE DR OELETE OLONNESSE, CATHERINE F STREET ADDRESS ONE SOUTH POINTE DR OELETE OLONNESSE, CATHERINE F OLONNESSE, CATHERINE F ONE SOUTH POINTE DR OELETE OLONNESSE, CATHERINE F	STREET ADDRESS	1 SOUTH POINTE DRIVE	•	2.3 STREET ADORESS			ļ	
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STREET ADDRESS  1 SOUTH POINTE DRIVE  CITY-ST-ZIP  MIAMI BEACH FL 33139  TITLE  VP  NAME  THREATT, ROBERT R  STREET ADDRESS  ONE SOUTH POINTE DR  CITY-ST-ZIP  MIAMI BEACH FL 33134  TITLE  AS  CITY-ST-ZIP  MIAMI BEACH FL 33134  TITLE  AS  COLONNESSE, CATHERINE F  STREET ADDRESS  ONE SOUTH POINTE DR  TITLE  NAME  STREET ADDRESS  ONE SOUTH POINTE DR  STREET ADDRESS  GITY-ST-ZIP  MIAMI BEACH FL 33139  TITLE  NAME  STREET ADDRESS  GITY-ST-ZIP  MIAMI BEACH FL 33139  TITLE  STREET ADDRESS  GITY-ST-ZIP  MIAMI BEACH FL 33139  TITLE  STREET ADDRESS  GA CITY-ST-ZIP  MIAMI BEACH FL 33139  TITLE  STREET ADDRESS  GA CITY-ST-ZIP  MIAMI BEACH FL 33139	TITLE	VS	☐ DELETE	3.1 TITLE		<b>☑</b> Change	☐ Addition	
TITLE VP NAME THREATT, ROBERT R ONE SOUTH POINTE DR CITY-ST-ZIP MIAMI BEACH FL 33139  TITLE AS CITY-ST-ZIP MIAMI BEACH FL 33134  TITLE AS COLONNESSE, CATHERINE F STREET ADDRESS ONE SOUTH POINTE DR ASTREET ADDRESS ONE SOUTH POINTE DR STREET ADDRESS ONE SOUTH POINTE DR STREET ADDRESS ONE SOUTH POINTE DR TITLE NAME  DELETE  5.3 STREET ADDRESS SACITY-ST-ZIP MIAMI BEACH FL 33139  TITLE NAME  5.4 CITY-ST-ZIP MIAMI BEACH FL 33139  DELETE  6.1 TITLE NAME  5.3 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33139  DELETE  6.1 TITLE NAME  6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	NAME	NEE, M.		3.2 NAME	404 WASHINGTON A	₩ <b>E</b> .	}	
MIAMI BEACH FL 33139  TITLE  VP  NAME  THREATT, ROBERT R  ONE SOUTH POINTE DR  CITY-ST-ZIP  MIAMI BEACH FL 33134  44.CITY-ST-ZIP  TITLE  AS  COLONNESSE, CATHERINE F  STREET ADDRESS  ONE SOUTH POINTE DR  AS  CITY-ST-ZIP  MIAMI BEACH FL 33139  TITLE  AS  CITY-ST-ZIP  MIAMI BEACH FL 33139  TITLE  NAME  5.3 STREET ADDRESS  CITY-ST-ZIP  MIAMI BEACH FL 33139  TITLE  NAME  5.4 CITY-ST-ZIP  MIAMI BEACH FL 33139  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  MIAMI BEACH FL 33139  TITLE  NAME  STREET ADDRESS  6.3 STREET ADDRESS  6.4 CITY-ST-ZIP  CHAMIC  6.3 STREET ADDRESS  6.4 CITY-ST-ZIP  CHAMIC  CHAMIC  Addition  Addition  Addition  Addition  Addition  Addition  Addition  CHAMIC  CHAMIC  ADDRESS  6.4 CITY-ST-ZIP	STREET ADDRESS	1 SOUTH POINTE DRIVE			SUITE 120	-	ì	
TITLE VP NAME THREATT, ROBERT R  STREET ADDRESS  ONE SOUTH POINTE DR  CITY-ST-ZIP  MIAMI BEACH FL 33134  TITLE  AS  COLONNESSE, CATHERINE F  STREET ADDRESS  ONE SOUTH POINTE DR  MIAMI BEACH FL 33139  TITLE  NAME  STREET ADDRESS  ONE SOUTH POINTE DR  GITY-ST-ZIP  MIAMI BEACH FL 33139  TITLE  NAME  STREET ADDRESS  STREET ADDRESS  GITY-ST-ZIP  MIAMI BEACH FL 33139  DELETE  61 TITLE  NAME  STREET ADDRESS  GITY-ST-ZIP  MIAMI BEACH FL 33139  TITLE  NAME  STREET ADDRESS  GITY-ST-ZIP  MIAMI BEACH FL 33139  TITLE  NAME  STREET ADDRESS  64 CITY-ST-ZIP  MIAMI BEACH FL 33139		MIAMI BEACH FL 33139		3.4. CITY-ST-ZIP	MIAMI BEACH, FL	33137/		
NAME THREATT, ROBERT R STREET ADDRESS ONE SOUTH POINTE DR CITY-ST-ZIP MIAMI BEACH FL 33134  TITLE AS COLONNESSE, CATHERINE F ONE SOUTH POINTE DR STREET ADDRESS ONE SOUTH POINTE DR MIAMI BEACH FL 33139  TITLE NAME  STREET ADDRESS ONE SOUTH POINTE DR MIAMI BEACH FL 33139  TITLE NAME STREET ADDRESS			DELETE	4.1 TITLE		. 175 1 4 LATO	☐ Addition	
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NAME STREET ADDRESS ONE SOUTH POINTE DR ONE SO			☐ DELETE	51TM F	•	Change	☐ Addition	
TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         62 NAME           STREET ADDRESS         6.3 STREET ADDRESS           CITY-ST-ZIP         6.4 CITY-ST-ZIP		'.' <del>'</del>		5.2 NAME	404 WASHINGTON A	IE.		
TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         62 NAME           STREET ADDRESS         6.3 STREET ADDRESS           CITY-ST-ZIP         6.4 CITY-ST-ZIP				5.3 STREET ADDRESS	SUITE 120			
TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         62 NAME           STREET ADDRESS         6.3 STREET ADDRESS           CITY-ST-ZIP         6.4 CITY-ST-ZIP				5.4 CITY-ST-ZIP	MIAMI BEACH F	L 33139	1	
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STREET ADDRESS  6.3 STREET ADDRESS  CITY-ST-ZIP  6.4 CITY-ST-ZIP				6.2 NAME		_ •		
CITY-ST-ZIP 64 CITY-ST-ZIP						t		
G11-51-2P								
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		portify that the information cumulical with	this filing does not qualify for th		in Section 119 07(3)(i) Florida Statutes	I further certify that the i	nformation	

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 eath; 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 for on an attachment with an address, with all other like empowered.

SIGNATURE:

IS AND USE CESTURICOLONNESE READ TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 29 99

aytime Phone #

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