

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # V24203

(4)

DE MAY -1 AM 2:32

1. Corporation Name

FUNTIME ASSOCIATES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

13172 DOUBLETREE CIR
WEST PALM BEACH FL 33414

Mailing Address

13172 DOUBLETREE CIR
WEST PALM BEACH FL 33414

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/25/1992

3a. Date of Last Report

04/28/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

65-0323218

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

7. Does corporation have liability for interest tax under § 192.001,

Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SISKIN, ABRAHAM
13172 DOUBLETREE CIR
WEST PALM BEACH FL 33414

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 607.04 and 607.17 of the Florida Statutes, the above named corporation adopts 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 responsibility of, Section 607.04 of the Florida Statutes.

SIGNATURE

By _____, Registered Agent, and _____, Secretary of the Corporation.

By _____, Secretary of the Corporation, and _____, Registered Agent.

Date: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	D
NAME	SISKIN, ABRAHAM
STREET ADDRESS	13172 DOUBLETREE CIR
CITY, ST, ZIP	WEST PALM BEACH FL
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
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CITY, ST, ZIP	
NAME	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with the filing is voluntarily furnished and does not qualify for the exemption stated in Section 1.19 (67.001), Florida Statutes. Further, I certify that the information included 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of a document or documents filed with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

③ 3/9/95 ④ 407-7982357
Signature: Thomas A.