FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V34676 (9)

1. Corporation Name

FANTASY DISTRIBUTORS, INC.

Principal Place of Business

2414 TAMIAMI TRAIL
PT CHARLOTTE FL 33952
US

Mailing Address

2414 TAMIAMI TRAIL
PT CHARLOTTE FL 33952
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 22 23 24 25

2a. Mailing Address 26 27 28 29 30

3. Date Incorporated or Qualified: 05/07/1992

3a. Date of Last Report: 05/01/1994

4. FEI Number: 65-0334889 — 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 Florida Statutes. [ ] Yes [X] No

9. Name and Address of Current Registered Agent

SCLAFANI, PETER
2414 TAMIAMI TRAIL
PT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent

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 617.0502, 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

12. OFFICERS AND DIRECTORS

TITLE: P
NAME: SCLAFANI, PETER P.
STREET ADDRESS: 2414 TAMIAMI TRAIL
CITY-ST-ZIP: PT CHARLOTTE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS, ETC. [ ] Change [ ] Addition

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)(n), 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: P. Sclafani - Pres.   5/1/95   813-764-1229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
P. SCLAFANI

0320060 CP