

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 14 PM 9:00

DOCUMENT # P35996

(8)

1. Corporation Name

FAN FAIR CORPORATION

Principal Place of Business

12425 KNOLL ROAD  
ELM GROVE WI 53122

Mailing Address

12425 KNOLL ROAD  
ELM GROVE WI 53122

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/21/1991

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

39-1301058

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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

TITLE

CT

NAME

HARMON, MERLE R., SR.

STREET ADDRESS

2817 SHADOW DRIVE WEST

CITY - ST - ZIP

ARLINGTON TX

1. TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

S

NAME

HARMON, JEANETTE

STREET ADDRESS

2817 SHADOW DRIVE WEST

CITY - ST - ZIP

ARLINGTON TX

2. TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

VP

NAME

AIELLO, ANTONIO

STREET ADDRESS

3737 14TH STREET

CITY - ST - ZIP

KENOSHA WI

3. TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

VT

NAME

FRY, RHEA

STREET ADDRESS

520 E. LAKEVIEW DR.

CITY - ST - ZIP

OAK CREEK WI

4. TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

P

NAME

FOWLER, J.D.

STREET ADDRESS

12975 W. ELMHURST PKWY

CITY - ST - ZIP

ELM GROVE FL

5. TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

D

NAME

HARMON, M. REID, JR.

STREET ADDRESS

2513 WHITE OAK LANE

CITY - ST - ZIP

ARLINGTON TX

6. TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

6/4/95

414-784-8884  
(Telephone Number)