

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F25065 (6)**
1. Corporation Name

WOMETCO FLORIDA AMUSEMENTS, INC.



Principal Place of Business: **C/O MICHAEL S. BROWN, 3195 PONCE DE LEON BLVD., CORAL GABLES FL 33134**
Mailing Address: **C/O MICHAEL S. BROWN, 3195 PONCE DE LEON BLVD., CORAL GABLES FL 33134**

3. Date Incorporated or Qualified: **03/12/1981**
3a. Date of Last Report: **04/07/1995**
4. FEI Number: **59-2076031**
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. 199.03, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 25, 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**SMITH, THOMAS W.
3195 PONCE DE LEON BLVD.
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating.) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | C <input type="checkbox"/> DELETE | 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HERTS, ARTHUR H. | 12 NAME | |
| STREET ADDRESS | 3195 PONCE DE LEON BLVD. | 13 STREET ADDRESS | |
| CITY - ST - ZIP | CORAL GABLES, FL 0 | 14 CITY - ST - ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BROWN, MICHAEL S. | 22 NAME | |
| STREET ADDRESS | 3195 PONCE DE LEON BLVD. | 23 STREET ADDRESS | |
| CITY - ST - ZIP | CORAL GALBES, FL 0 | 24 CITY - ST - ZIP | |
| TITLE | S <input type="checkbox"/> DELETE | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KRAUSE, DAVID | 32 NAME | |
| STREET ADDRESS | 3195 PONCE DE LEON BLVD. | 33 STREET ADDRESS | |
| CITY - ST - ZIP | CORAL GABLES, FL 0 | 34 CITY - ST - ZIP | |
| TITLE | P <input type="checkbox"/> DELETE | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SMITH, THOMAS W. | 42 NAME | |
| STREET ADDRESS | 3195 PONCE DE LEON BLVD. | 43 STREET ADDRESS | |
| CITY - ST - ZIP | CORAL GALBES, FL 0 | 44 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY - ST - ZIP | | 54 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY - ST - ZIP | | 64 CITY - ST - ZIP | |

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)(k), 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 617, Florida Statutes, and that my name appears in Part 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *Thomas W. Smith* **THOMAS W. SMITH** 6/27/96 (305) 529-7400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)