

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/12/1981	4. FEI Number 59-2076031	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees		
23. Zip	28. Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24. Country	29. Country	30. Country			

9. Name and Address of Current Registered Agent SMITH, THOMAS W. 3195 PONCE DE LEON BLVD. CORAL GABLES FL 33134		81. Name	10. Name and Address of New Registered Agent		
		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	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	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	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	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		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		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 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 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 of this report, or on an attachment thereto, as applicable.

SIGNATURE: *Thomas W. Smith* **THOMAS W. SMITH** 2/5/98 (305) 524-1400

CR2E034 (10/97)