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FILED

Feb 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # L73790

(2)

1. Corporation Name  
D.J.C. AMUSEMENTS, INC.



Principal Place of Business

1110 BROOKER RD  
BRANDON FL 33511  
US

Mailing Address

1110 BROOKER RD.  
BRANDON FL 33511-7659  
US

3. Date Incorporated or Qualified 05/16/1990  
3a. Date of Last Report 05/01/1996

4. FEI Number 59-3008582  
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

2. Principal Place of Business

21 5010 Lithia Springs Rd.  
Suite, Apt. #, etc.

2a. Mailing Address

26 5010 Lithia Springs Rd.  
Suite, Apt. #, etc.

22 City & State

23 Lithia FL.  
Zip Country

27 City & State

28 Lithia FL.  
Zip Country

24 33547

25 Hillsborough

29 33547

30 Hillsborough

9. Name and Address of Current Registered Agent

NYMARK, DENNIS V.  
1216 OAKFIELD DRIVE  
BRANDON FL 33511

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 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 title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME BELL, MITCHELL  
STREET ADDRESS 1110 BROOKER RD  
CITY-ST-ZIP BRANDON FL

☐ DELETE

TITLE VD  
NAME BELL, HOWARD  
STREET ADDRESS 1110 BROOKER RD  
CITY-ST-ZIP BRANDON FL

☐ DELETE

TITLE STD  
NAME BELL, SYLVIA  
STREET ADDRESS 1110 BROOKER RD  
CITY-ST-ZIP BRANDON FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME  
13 STREET ADDRESS 5010 LITHIA SPRINGS RD.  
14 CITY-ST-ZIP Lithia, FL 33547

21 TITLE ☒ Change ☐ Addition

22 NAME  
23 STREET ADDRESS 5010 LITHIA SPRINGS RD.  
24 CITY-ST-ZIP LITHIA, FL 33547

31 TITLE ☒ Change ☐ Addition

32 NAME  
33 STREET ADDRESS 5010 LITHIA SPRINGS RD.  
34 CITY-ST-ZIP LITHIA, FL 33547

41 TITLE ☐ Change ☐ Addition

42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do 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 if changed, or on an attachment with an address.

SIGNATURE:

Sylvia Bell  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-97 813-685-7991  
Date Daytime Phone #

CR2E034 (9/96)