

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

0304144

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90123 020 ***150.00

DOCUMENT # S26153

1. Corporation Name
FLORIDA AMUSEMENTS & ENTERTAINMENT, INC.



Principal Place of Business
9130 STATE ROAD 84
DAVIE FL 33324

Mailing Address
9130 STATE ROAD 84
DAVIE FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/18/1991

4. FEI Number

65-0248233

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 owes the current year intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 9060 W. State Rd 84

Suite, Apt. #, etc.

22 DAVIE FL

23 DAVIE FL

24 33324

Country USA

2a. Mailing Address

26 9060 W. State Rd 84

Suite, Apt. #, etc.

27 DAVIE, FL

28 DAVIE, FL

29 33324

Country USA

9. Name and Address of Current Registered Agent

TESSER, ARNOLD
9130 STATE RD 84
DAVIE FL 33324

10. Name and Address of New Registered Agent

81 Name

82 9060 W. State Road 84

83

84 DAVIE

FL

85 33324

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 D ☐ DELETE

NAME TESSER, ARNOLD
STREET ADDRESS 9130 STATE RD 84
CITY-ST-ZIP DAVIE FL

TITLE D ☐ DELETE

NAME BENKENDORF, STUART
STREET ADDRESS 9130 STATE RD 84
CITY-ST-ZIP DAVIE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 9060 W. State Road 84
1.4 CITY-ST-ZIP DAVIE, FL 33324

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 9060 W. State Road 84
2.4 CITY-ST-ZIP DAVIE, FL 33324

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (11/98)