SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $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
95 AUG -1 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **150819** **(1)**

1. Corporation Name

ROYAL AMERICAN SHOWS, INC.

Principal Place of Business	Mailing Address
~~% ANGELO GUIDA & COMPANY~~ ~~P O BOX 10265~~ ~~TAMPA FL 33679~~	~~% ANGELO GUIDA & COMPANY~~ ~~P O BOX 10265~~ ~~TAMPA FL 33679~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
04/24/1947	02/22/1994

2. Principal Place of Business	2a. Mailing Address
21	26 GUIDA & JIMENEZ, PA
Suite, Apt. #, etc. 22 9500 N. TRASK	Suite, Apt. #, etc. 27 1308 W. SLIGH AVE, STE B
City & State 23 TAMPA, FL	City & State 28 TAMPA, FL
Zip / Country 24 33624 / 25	Zip / Country 29 33604 / 30

4. FEI Number: 59-0567023 ☐ 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
GUIDA, ANGELO 1308 W SLIGH AVE SUITE B TAMPA FL 33604	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVS	11 TITLE	☒ Change ☐ Addition
NAME	SEDLMAYR, MICHAEL S.	12 NAME	
STREET ADDRESS	9500 N TRASK	13 STREET ADDRESS	
CITY ST ZIP	TAMPA FL 33624	14 CITY · ST · ZIP	
TITLE	DPT	21 TITLE	☒ Change ☐ Addition
NAME	SEDLMAYR, C. J., JR.	22 NAME	
STREET ADDRESS	9500 N TRASK	23 STREET ADDRESS	
CITY ST ZIP	TAMPA FL 33624	24 CITY · ST · ZIP	
TITLE		31 TITLE	ASSISTANT SECRETARY ☐ Change ☒ Addition
NAME		32 NAME	EGLE SEDLMAYR
STREET ADDRESS		33 STREET ADDRESS	9500 TRASK
CITY ST ZIP		34 CITY · ST · ZIP	TAMPA, FL 33604
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY · ST · ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY · ST · ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY · ST · ZIP	

CR2E034 (3/95)

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)(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: Michael Sedlmayr Jr. 7/24/95
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date

0166406 FP