

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

FILED

May 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **150819** (1)

1. Corporation Name

**ROYAL AMERICAN SHOWS, INC.**

Principal Place of Business

**9500 N TRASK  
P O BOX 18265  
TAMPA FL 33624  
US**

Mailing Address

**GUIDA & JIMENEZ PA  
1308 W SLIGH AVE STE B  
TAMPA FL 33604-5802  
US**

3. Date Incorporated or Qualified

**04/24/1947**

3a. Date of Last Report

**05/29/1996**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

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

**GUIDA, ANGELO  
1308 W SLIGH AVE  
SUITE B  
TAMPA FL 33604**

10. Name and Address of New Registered Agent

81 Name

**JAMES A. JIMENEZ**

82 Street Address (P.O. Box Number is Not Acceptable)

**1308 W. SLIGH AVE.**

83

84

City **TAMPA**

FL

85 Zip Code  
**33604**

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

*James A. Jimenez*  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**4-27-97**

12. OFFICERS AND DIRECTORS		
TITLE	<b>DVS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SEDLMAIR, MICHAEL S.</b>	
STREET ADDRESS	<b>9500 N TRASK</b>	
CITY-ST-ZIP	<b>TAMPA FL 33624</b>	
TITLE	<b>DPT</b>	<input type="checkbox"/> DELETE
NAME	<b>SEDLMAIR, C. J., JR.</b>	
STREET ADDRESS	<b>9500 N TRASK</b>	
CITY-ST-ZIP	<b>TAMPA FL 33624</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>SEDLMAIR, EGLE</b>	
STREET ADDRESS	<b>950 TRASK</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<b>P.D.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<b>T.D.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>9500 TRASK</b>
3.4 CITY-ST-ZIP	<b>33624</b>
4.1 TITLE	<b>D.V.</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>WHIDDEN, DENNIS DENNIS</b>
4.3 STREET ADDRESS	<b>9500NTRASK</b>
4.4 CITY-ST-ZIP	<b>TAMPA, FL 33624</b>
5.1 TITLE	<b>D.S.V.</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>SEDLMAIR, ANN</b>
5.3 STREET ADDRESS	<b>9500NTRASK</b>
5.4 CITY-ST-ZIP	<b>TAMPA, FL 33624</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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

*Ann Sedlmayr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)