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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Feb 12 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

SIGNATURE:

DOCUMENT # 289480

(6)

FLORIDA ATTRACTIONS INTERNATIONAL, INC.

Principal Place	of Business	Mailing Address						
4331 N. FEDERAL HWY. # 305 FT LAUDERDALE FL 33308		4331 N. FEDERAL HWY. # 305 FT LAUDERDALE FL 33308-5253						
				3. Date Incorporated or Qualified 02/03/1965 3a. Date of Last Report 01/29/1996				
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		App	olied For
21		26			59-1088516			Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	□ \$*	\$8.75 Additional Fee Required		
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip	Country	Zip	Countr	/	8. This corporation has liability for i			199.032,
4	25		30			Yes No		
14014	9, Name and Address of Currer	it Hegistereo Agent	B1	Name	10. Name and Address of New Re	JISTOPO AGOI	11	
	HLLAN, CHRISTIE A		"	Ivaine				
1830 NE 59TH COURT FT LAUDERDALE FL 33308			82		dress (P.O. Box Number is Not Acceptab	le)		
			83	<u> </u>		7		
			84	City		FL 85	Zip C	ode
 Pursuant to office or re agent. Lan SIGNATURE 	o the provisions of Sections 607.050 gistored agent, or both, in the State in familiar with, and accept the oblig	2 and 607.1508, Florida Statute of Florida. Such change was a ations of, Section 607.0505, Flo	es, the above authorized borida Stalute	e-named co y the corpor s.	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of cha t the appointn	nging its nent as r	registered egistered
	Signature: typed or printed name of registered age	ent and title if applicable (NOTE	: Registered Ag	ent signature req	uried when reinstating)	DATE		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFIC			
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NAME	MCMILLEN, CHRISTIES		1.2 NAME					
STREET ADDRESS	4331 N. FEDERAL HWY.		1.3 STREE	T ADDRESS				
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NAME	4331 N. FEDERAL HWY.		2.2 NAME					
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NAME			6.2 ME					
STREET ADDRESS			6.3 REE	T ADDRESS				
CITY-ST-ZIP				\$T - ZIP				,
information I am an off	y certify that the information supplie in indicated on this annual report or a ficer or director of the corporation of Block 12 or Block 13 if changed, o	supplemental annual report is tr r the receiver or trustee empow	ue and co ered to ke	urate and th	ted in Section 119.07(3)(i), Florida Statute that my signature shall have the same lega port as required by Chapter 607, Florida S	it effect as if m	iade und	ier oath; th