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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

Sep 16 1997 8:00am

Secretary of State

DOCUMENT # 307655

(1)

GREATER AMERICAN ENTERTAINMENT CORPORATION

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Principal Plac	e of Busine	ss	Mailing a	Mailing Address					T THE REPORT OF THE STATE OF THE PROPERTY OF T				 	
3445 24TH PARKWAY SARASOTA FL 34235 US				3445 24TH PARKWAY SARASOTA FL 34235-8807 US										
									3. Date Incorporated or Qualified 07/28/1966	1	te of La:	•	ort	
2. Principal F	Place of Busi	iness	2a. Maili	2a. Mailing Address					4. FEI Number Applied F					
21			26						59-1145515 Not Applic					le
Suite, Apt.	. #, etc.		├ ──	Suite, Apt. #, etc.					5. Certificate of Status Desired				ditional	
22	10			27							Fee	Requ	uired	
City & Stat	te		<u> </u>	City & State					6. Election Campaign Financing	_		00 м		
Zip		Country		Zip Country					Trust Fund Contribution	Ц		ed to		4
24		25	├ ─┐	<u></u>					8. This corporation has liability for intangible tax under s. 199.032,					
24	9. Name and Address of Curren			29 30					Florida Statutes Yes No 10. Name and Address of New Registered Agent					
ENG			· · · · · · · · · · · · · · · · · · ·	- You		81	Name		10. Hame and Address of New Heg	natereu /	-theur			\dashv
	iLISH, WILL 5 24TH PAI						1101110							
	ASOTA FL						Street	Addres	ss (P.O. Box Number is Not Acceptable	e)				
OAN	MOUIN FL	34233				83								\dashv
														-
						84	City			FL	85 Z	ip Co	de	٦
11. Pursuant office or agent. I a	to the provis registered again familiar w	sions of Sections gent, or both, in li ith, and accept t	607.0502 and 607.150 he State of Florida Suche obligations of, Sect	08, Florida Statu ch change was ion 607.0505, Fl	tes, the a authorize orida Stat	bove d by tutes	named the cor	l corpoi poratio	ration submits this statement for the pun's board of directors. I hereby accept	rpose of the app	 changin pintment	g its re	egistered gistered	ŧ
SIGNATURE		ŕ	•	·										
	Signature, type:	d or printed name of re-	pistered agent and title il applica	atile (NO)	IE: Registere	d Age	nt signaturi	e required	when reinstating)	DATE				
12.		OFFIC	ERS AND DIRECTORS		13.				ADDITIONS/CHANGES TO OFFICE	RS AND	DIRECT	ORS I	N 12] ջ
TITLE	SD			☐ DELETE							Chang	je [Acdition	ກ ຊື້
NAME		, MARY C		1.2 N										2
STREET ADDRESS		H PARKWAY		1.3 \$			ADDRESS							į
CITY-ST-ZIP		TA, FL 00000					1 - ZIP	ļ						18
TITLE	PTD			☐ DELETE	211!						☐ Chang	je [Addition	ηK
NAME		, WILLIAM J			2.2 N/	AME								
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NAME					5.1 TJ			1			Chang	t L	Addition	1
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NAME					6.2 NA						Unang	, 0 L	-i vasia	'
STREET ADDRESS							ADDRESS							
CITY-ST-ZIP					6.4 CI									
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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 13 if changed, or on an attachment with an address.

ONATURE 121 CONTRACTOR OF CONT