

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Monahan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 359470

(2)

1. Corporation Name

BEL - AIR AMUSEMENTS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -6 PM 4:06

Principal Place of Business

1320 SOUTH DIXIE HIGHWAY
SUITE 820
CORAL GABLES FL 33146

Mailing Address

1320 SOUTH DIXIE HIGHWAY
SUITE 820
CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
02/10/1970

3a. Date of Last Report
06/07/1994

4. FEI Number
59-1282740

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22

27

City & State

28

24

Zip

Country

25

29

Zip

Country

30

9. Name and Address of Current Registered Agent

KOTULA, PETER W.
VILLA MARGARET N 441
OKEECHOBEE FL 34972

10. Name and Address of New Registered Agent

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

(Signature, typed or printed name of registered agent and then if applicable)

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD
KOTULA, PETER W.
VILLA MARGARET N 441
OKEECHOBEE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

STD
KOTULA, DIANA
VILLA MARGARET N 441
OKEECHOBEE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
KOTULA, GEORGE
1014 RICE AVENUE
GIRARD, PENNA

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(3)(b), 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 amendment with an address.

SIGNATURE: X

Diana L. Kotula
DIANA L. Kotula
Sec'y. - TRES.

X 01/30/95 X 305-666-5861
(Date) (Signature/Text)