

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 505454 (9)

1. Corporation Name

SHELDON AMUSEMENT ENTERPRISES, INC.



Principal Place of Business

22226 CONCHA AVE
BOCA RATON FL 33428

Mailing Address

22226 CONCHA AVE
BOCA RATON FL 33428

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

SHELDON, HENRY E.
4132 SOUTH SHADY LANE
BOYNTON BEACH FL 33436

3. Date Incorporated or Qualified

06/17/1976

3a. Date of Last Report

02/02/1995

4. FET Number

59-1657680

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

10. Name and Address of New Registered Agent

81. Name

Sheldon, Joseph H.

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

22226 Concha Ave.

83.

84. City

Boca Raton

FL

85. Zip Code

33428

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 Joseph H. Sheldon

Signature, typed or printed name of registered agent and title if applicable

Joseph H. Sheldon

Signature, typed or printed name of registered agent and title if applicable

3-19-96

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VD
SHELDON, HENRY E.
4132 SOUTH SHADY LANE
BOYNTON BEACH FL

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PD
SHELDON, JOE
1841 POMPANO FARM RD
POMPANO BEACH FL

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D
SHELDON, MARY
4132 SOUTH SHADY LANE
BOYNTON BEACH FL

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

ST
SHELDON, SYBIL
22226 CONCHA AVENUE
BOCA RATON FL

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

Change 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Joseph H. Sheldon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph H. Sheldon

DATE

407-487-4184

DAYTIME PHONE #

CR2E034 (12/95)