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95 MAY -1 PM 2:31

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**900001517329
-06/20/95--01047--025
***1200.00 ***200.00**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 634290 (1)

1. Corporation Name
AMUSEMENT MANAGEMENT FLORIDA, INC.

Principal Place of Business 7775 NW 8TH STREET MIAMI FL 33126 US	Mailing Address 7301 TOPANGA CANYON BLVD #300 CANOGA PARK CA 91303
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26 5995 WINDWARD PARKWAY	08/29/1979	05/01/1994
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Accepted For
22	27 SUITE 220	94-2882039	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28 ALPHARETTA, GA	<input type="checkbox"/>	
Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	<input type="checkbox"/>	
	29 30202-4182	30 USA	7. This corporation has liability for intangible tax under S. 199 032. Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY
1201 HAYES STREET
STE - 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1. 1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add: New
NAME	YOUNG, IRA	12 NAME	L SCOTT DEMERAU
STREET ADDRESS	7301 TOPANGA CANYON #300	13 STREET ADDRESS	5995 WINDWARD PARKWAY, SUITE 220
CITY-ST-ZIP	CANOGA PARK CA	14 CITY-ST-ZIP	ALPHARETTA, GA 30202-4182
TITLE	ST	21 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add: New
NAME	DININO, WILLIAM R	22 NAME	JULIA E DEMERAU
STREET ADDRESS	7301 TOPANGA CANYON #300	23 STREET ADDRESS	5995 WINDWARD PARKWAY, SUITE 220
CITY-ST-ZIP	CANOGA PARK CA	24 CITY-ST-ZIP	ALPHARETTA, GA 30202-4182
TITLE	VP	31 TITLE	VT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add: New
NAME	PATTERSON, WILLIAM	32 NAME	JOHN P HEGMAN
STREET ADDRESS	7301 TOPANGA CANYON #300	33 STREET ADDRESS	5995 WINDWARD PARKWAY, SUITE 220
CITY-ST-ZIP	CANOGA PARK CA	34 CITY-ST-ZIP	ALPHARETTA, GA 30202-4182
TITLE		41 TITLE	VS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add: New
NAME		42 NAME	BETTY M HENDERSON
STREET ADDRESS		43 STREET ADDRESS	5995 WINDWARD PARKWAY, SUITE 220
CITY-ST-ZIP		44 CITY-ST-ZIP	ALPHARETTA, GA 30202-4182
TITLE		51 TITLE	M <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add: New
NAME		52 NAME	ANN C TRAVIS
STREET ADDRESS		53 STREET ADDRESS	5995 WINDWARD PARKWAY, SUITE 220
CITY-ST-ZIP		54 CITY-ST-ZIP	ALPHARETTA, GA 30202-4182
TITLE		61 TITLE	IM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add: New
NAME		62 NAME	DENNIS C GILBERT
STREET ADDRESS		63 STREET ADDRESS	5995 WINDWARD PARKWAY, SUITE 220
CITY-ST-ZIP		64 CITY-ST-ZIP	ALPHARETTA, GA 30202-4182

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 11A of the Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report and that the information set forth hereon was made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report and that the information set forth hereon was made under oath; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ann C. Travis 4/1/95 444-442-0000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR