

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

APPROVED
AND
FILED

1996 MAY 22 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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***233.75 ***233.75

DOCUMENT # 634290
1. Corporation Name
Amusement Management of Florida, Inc.

Principal Place of Business Mailing Address

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	7775 NW 8th Street	26	5895 Windward Pkwy	8/29/79	5/1/95
22	Suite, Apt #, etc	27	Suite 220	4. FEI Number	Applied For / Not Applicable
23	City & State Miami FL	28	City & State Alpharetta Ga	94-2882039	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24	Zip 33126	29	Zip 30202	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25	Country USA	30	Country USA	8. 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				10. Name and Address of New Registered Agent	
United States Corporation Company 1201 Hayes Street Suite 105 Tallahassee, FL 32301				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	President, CEO	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	L. Scott Demeran		1.2 NAME		
STREET ADDRESS	5895 Windward Pkwy		1.3 STREET ADDRESS		
CITY-ST-ZIP	Alpharetta, Ga 30202		1.4 CITY-ST-ZIP		
TITLE	Vice President	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Julie Demeran		2.2 NAME		
STREET ADDRESS	5895 Windward Pkwy		2.3 STREET ADDRESS		
CITY-ST-ZIP	Alpharetta, Ga 30202		2.4 CITY-ST-ZIP		
TITLE	CEO	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Greg Waters		3.2 NAME		
STREET ADDRESS	5895 Windward Pkwy		3.3 STREET ADDRESS		
CITY-ST-ZIP	Alpharetta, Ga 30202		3.4 CITY-ST-ZIP		
TITLE	VP Finance	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Ann C. Travis		4.2 NAME		
STREET ADDRESS	5895 Windward Pkwy		4.3 STREET ADDRESS		
CITY-ST-ZIP	Alpharetta, Ga 30202		4.4 CITY-ST-ZIP		
TITLE	V.P. Operations	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Betty Henderson		5.2 NAME		
STREET ADDRESS	5895 Windward Pkwy		5.3 STREET ADDRESS		
CITY-ST-ZIP	Alpharetta, Ga 30202		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: Ann Travis Ann Travis 5/21/96 770-440-6640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)

NSP
5/22/96