

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

97 JAN 30 PM 4:07

DOCUMENT # 634290 (1)

1. Corporation Name
AMUSEMENT MANAGEMENT FLORIDA, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business: 7775 NW 8TH STREET MIAMI FL 33126 US
Mailing Address: 5895 WINDWARD PKWY. STE. 220 ALPHARETTA GA 30202-8805

3. Date Incorporated or Qualified: 08/29/1979
3a. Date of Last Report: 05/22/1996

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-fields for State, Apt. #, City & State, Zip, and Country.

4. FEI Number: 94-2882039
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

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: CT Computer System
82 Street Address (P.O. Box Number is Not Acceptable): 1500 South Pine Island Road
83
84 City: Plantation FL 85 Zip Code: 33324

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 607.0508, Florida Statutes.

SIGNATURE: *[Signature]* John S. Mengers, Asst. Secy. 1/2/97

12. OFFICERS AND DIRECTORS

TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	DEMERAN, SCOTT L	
STREET ADDRESS	5895 WINDWARD PKWY. STE. 220	
CITY-ST-ZIP	ALPHARETTA GA 30202-4182	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DEMERAN, JULIA E	
STREET ADDRESS	5895 WINDWARD PKWY. STE. 220	
CITY-ST-ZIP	ALPHARETTA GA 30202-4182	
TITLE	CFO	<input checked="" type="checkbox"/> DELETE
NAME	WATERS, GREG	
STREET ADDRESS	5895 WINDWARD PKWY. STE. 220	
CITY-ST-ZIP	ALPHARETTA GA 30202-4182	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	TRAVIS, ANN C	
STREET ADDRESS	5895 WINDWARD PKWY. STE. 220	
CITY-ST-ZIP	ALPHARETTA GA 30202-4182	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HENDERSON, BETTY	
STREET ADDRESS	5895 WINDWARD PKWY. STE. 220	
CITY-ST-ZIP	ALPHARETTA GA 30202-4182	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President of Acquisitions	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Scott Demeran	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Julia Demeran	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	CFO	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Richard Fitzpatrick	
3.3 STREET ADDRESS	5895 Windward Pkwy Ste 220	
3.4 CITY-ST-ZIP	Alpharetta GA 30202	
4.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	500002074105--9	
4.4 CITY-ST-ZIP	-01/30/97--01086--015 ****165.00 ****165.00	
5.1 TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Robert Whitman	
5.3 STREET ADDRESS	5895 Windward Pkwy Ste 220	
5.4 CITY-ST-ZIP	Alpharetta, GA 30202	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MWB	
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 12 or Block 13 or changed, or on an attachment with an address.

SIGNATURE: *Ann Travis* Ann Travis 1/20/97 770-443-6640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)