

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 5895 WINDWARD PKWY. STE. 220 ALPHARETTA GA 30202-4182
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/29/1979	
4. FEI Number 94-2882039	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 717 N. Macwood Suite 1050	27 Suite, Apt. #, etc.	
22 City & State	28 Dallas, TX	29 Zip	
23 Zip	25 Country	30 Zip	Country

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD PLANTATION FL 33324	
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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

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	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	P DEMERAU, SCOTT L
STREET ADDRESS	5895 WINDWARD PKWY. STE. 220
CITY-ST-ZIP	ALPHARETTA GA 30202-4182
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	VP DEMERAU, JULIA E
STREET ADDRESS	5895 WINDWARD PKWY. STE. 220
CITY-ST-ZIP	ALPHARETTA GA 30202-4182
TITLE	<input type="checkbox"/> DELETE
NAME	CFO FITZPATRICK, RICHARD
STREET ADDRESS	5895 WINDWARD PKY, STE 220
CITY-ST-ZIP	ALPHARETTA GA 30202
TITLE	<input type="checkbox"/> DELETE
NAME	T TRAVIS, ANN C
STREET ADDRESS	5895 WINDWARD PKWY. STE. 220
CITY-ST-ZIP	ALPHARETTA GA 30202-4182
TITLE	<input type="checkbox"/> DELETE
NAME	VP HENDERSON, BETTY
STREET ADDRESS	5895 WINDWARD PKWY. STE. 220
CITY-ST-ZIP	ALPHARETTA GA 30202-4182
TITLE	<input type="checkbox"/> DELETE
NAME	CEO WHITMAN, ROBERT
STREET ADDRESS	5895 WINDWARD PKWY, STE 220
CITY-ST-ZIP	ALPHARETTA GA 30202

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 if changed, or on an attachment with an address.

CR2E034 (10/97)