

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 *AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 19, 1999 8:00 am
Secretary of State

07-19-1999 90006 009 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 634290

1. Corporation Name

AMUSEMENT MANAGEMENT FLORIDA, INC.



Principal Place of Business

7775 NW 8TH STREET
 MIAMI FL 33126
 US

Mailing Address

717 N HARWARD
 STE. 1650
 DALLAS TX 75201
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/29/1979

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 717 N. Harwood

27 STE 1650

28 Dallas TX

29 75201

30 Dallas

4. FEI Number

94-2882039

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 owes the current year Intangible Personal Property.

Yes

No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD
 PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CFO DELETE

NAME FITZPATRICK, RICHARD
 STREET ADDRESS 5895 WINDWARD PKY, STE 220
 CITY-ST-ZIP ALPHARETTA GA 30202

TITLE T DELETE

NAME TRAVIS, ANN C
 STREET ADDRESS 5895 WINDWARD PKWY. STE. 220
 CITY-ST-ZIP ALPHARETTA GA 30202-4182

TITLE VP DELETE

NAME HENDERSON, BETTY
 STREET ADDRESS 5895 WINDWARD PKWY. STE. 220
 CITY-ST-ZIP ALPHARETTA GA 30202-4182

TITLE CEO DELETE

NAME WHITMAN, ROBERT
 STREET ADDRESS 5895 WINDWARD PKWY, STE 220
 CITY-ST-ZIP ALPHARETTA GA 30202

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CEO/PRESIDENT Change Addition

1.2 NAME Rich Bockert
 1.3 STREET ADDRESS 717 N. Harwood- STE 1650
 1.4 CITY-ST-ZIP Dallas, TX 75201

2.1 TITLE CFO Change Addition

2.2 NAME Scott Wheeler
 2.3 STREET ADDRESS 717 N. Harwood- STE 1650
 2.4 CITY-ST-ZIP Dallas, TX 75201

3.1 TITLE Secretary Change Addition

3.2 NAME Eric Terry
 3.3 STREET ADDRESS 717 N. Harwood- STE 1650
 3.4 CITY-ST-ZIP Dallas, TX 75201

4.1 TITLE Asst. Secretary Change Addition

4.2 NAME Jeanette Keith
 4.3 STREET ADDRESS 717 N. Harwood- STE 1650
 4.4 CITY-ST-ZIP Dallas, Texas 75201

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 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.

SIGNATURE:

Jeanette C Keith

214-210-87

CR2E034 (5/99)

590303-90006-9

634290



- July 5, 1999

Annual Reports Filings
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Amusement Management Florida, Inc.
Document #634290

Dear Sirs:

This letter is in reference to the "1999 Profit Corporation Annual Report" we recently received for the above referenced company. It was labeled "2nd Notice" and the fee was \$550 including a penalty.

On July 1st I called your office to verify the filing information. I explained that the address on the form was incorrect, and we did not receive the first notice. They told me to send in the form along with a check for only \$150. The street listed on your form is "Harward". The correct street is "Harwood". I have indicated this in the mailing address section of the form.

If you have any questions, please do not hesitate to call me at 214-210-8741.

Very truly yours,

A handwritten signature in cursive script that reads "Stella G. Nell".

Stella G. Nell
Regional Controller

Enc.