


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
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/29/1979	
21		26 717 N. Harwood		4. FEI Number 94-2882039	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27 STE 1650		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28 Dallas TX		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Zip			
24		29 75201		30 Dallas	
Country		Country			
25		30 Dallas			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD PLANTATION FL 33324		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CFO	1.1 TITLE	CEO/PRESIDENT
NAME	FITZPATRICK, RICHARD	1.2 NAME	Rich Bockert
STREET ADDRESS	5895 WINDWARD PKY, STE 220	1.3 STREET ADDRESS	717 N. Harwood - STE 1650
CITY-ST-ZIP	ALPHARETTA GA 30202	1.4 CITY-ST-ZIP	Dallas, TX 75201
TITLE	T	2.1 TITLE	CFO
NAME	TRAVIS, ANN C	2.2 NAME	Scott Wheeler
STREET ADDRESS	5895 WINDWARD PKWY. STE. 220	2.3 STREET ADDRESS	717 N. Harwood - STE 1650
CITY-ST-ZIP	ALPHARETTA GA 30202-4182	2.4 CITY-ST-ZIP	Dallas, TX 75201
TITLE	VP	3.1 TITLE	Secretary
NAME	HENDERSON, BETTY	3.2 NAME	Eric Terry
STREET ADDRESS	5895 WINDWARD PKWY. STE. 220	3.3 STREET ADDRESS	717 N. Harwood - STE 1650
CITY-ST-ZIP	ALPHARETTA GA 30202-4182	3.4 CITY-ST-ZIP	Dallas, TX 75201
TITLE	CEO	4.1 TITLE	Asst. Secretary
NAME	WHITMAN, ROBERT	4.2 NAME	Jeanette Keith
STREET ADDRESS	5895 WINDWARD PKWY, STE 220	4.3 STREET ADDRESS	717 N. Harwood - STE 1650
CITY-ST-ZIP	ALPHARETTA GA 30202	4.4 CITY-ST-ZIP	Dallas, Texas 75201
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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 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.