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May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 659783 (5)

1. Corporation Name

JON LUEHRS SPECTACULAR ATTRACTIONS, INC.

Principal Place of Business

1820 SW 105 AVENUE
DAVIE FL 33324

Mailing Address

1820 SW 105 AVENUE
DAVIE FL 33324-7445

3. Date Incorporated or Qualified

03/19/1980

3a. Date of Last Report

06/04/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

LUEHRS, JON
1920 SW 105 AVENUE
DAVIE FL 33324

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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	PD	<input type="checkbox"/> DELETE
NAME	LUEHRS, JON	
STREET ADDRESS	1920 SW 105 AVENUE	
CITY - ST - ZIP	DAVIE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LUEHRS, JOAN	
STREET ADDRESS	1920 SW 105TH AVENUE	
CITY - ST - ZIP	DAVIE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LUEHRS, JON JR.	
STREET ADDRESS	1920 SW 105TH AVENUE	
CITY - ST - ZIP	DAVIE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LUEHRS, KIM	
STREET ADDRESS	1920 SW 105TH AVENUE	
CITY - ST - ZIP	DAVIE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LUEHRS, KEVIN	
STREET ADDRESS	1920 SW 105 AVENUE	
CITY - ST - ZIP	DAVIE FL 33324	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 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 if changed, or on an attachment with an address

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-97

Date

954-471-1622

Daytime Phone #

0283644

CR2E034 (9/96)