

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

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May 01 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #

1. Corporation Name

BISCAYNE AMUSEMENT COMPANY, INC.

Principal Place of Business

Mailing Address

12005 N.E. 7<sup>th</sup> Ave.  
MIAMI, FL 33161

SAME

3. Date Incorporated or Qualified  
11-13-81

3a. Date of Last Report  
4-1-96

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-2152441

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOMPKE, GENEVIEVE  
12005 N.E. 7<sup>th</sup> Ave.  
MIAMI, FL 33161

81 Name GENEVIEVE DOMPKE

82 Street Address (P.O. Box Number is Not Acceptable)  
12005 N.E. 7<sup>th</sup> Ave.

83  
84 City MIAMI

FL

85 Zip Code 33161

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 GENEVIEVE DOMPKE

*Genevieve Dompke*

4-27-97

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 NAME  
P GENEVIEVE DOMPKE  
1.2 STREET ADDRESS  
12005 NE 7 AVE.  
1.3 CITY - ST - ZIP  
MIAMI, FL 33161

2.1 NAME  
VP  
2.2 NAME  
KEITH DOMPKE  
2.3 STREET ADDRESS  
12005 NE 7 AVE.  
2.4 CITY - ST - ZIP  
MIAMI, FL 33161

3.1 NAME  
3.2 STREET ADDRESS  
3.3 CITY - ST - ZIP

4.1 NAME  
4.2 STREET ADDRESS  
4.3 CITY - ST - ZIP

5.1 NAME  
5.2 STREET ADDRESS  
5.3 CITY - ST - ZIP

6.1 NAME  
6.2 STREET ADDRESS  
6.3 CITY - ST - ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE  
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:

*Genevieve Dompke*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GENEVIEVE DOMPKE

4-14-97

305-813-8521

Date

Daytime Phone #

CR2E034 (9/96)