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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	IMENT # H6308 on Name AMUSEMENTS, INC .	7 (1)					ī
Principal Place of Business 1995 MAGUIRE ROAD WINDERMERE FL 34786		Mailing Address 1995 MAGUIRE ROAD WINDERMERE FL 34798-7927		1 7021211 0710 91100 17711 02(2) 70714 1001	hidir didiri gedik bidir didiri didiri iddi		
Trinochine in	TE STO	THEOLEGICAL TE GALOUT	•••		3. Date Incorporated or Qualified 06/20/1985	3a. Date of Last Report 04/29/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2551318	Applied Fo		
21 Suite, Apt #, etc		Suite, Apt. #, etc		Certificate of Status Desired	\$8.75 Additional		
City & Sta	de	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	
Z(p	Country 25	Zip 29	F-7		This corporation has liability for in Florida Statutes		
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Re	glatered Agent	
199	DRICH, GERALD C. II 95 MAGUIRE ROAD NDERMERE FL 34788			Name Street Ad City	dress (P.O. Box Number is Not Acceptab	BE 85 Zip Code	
SIGNATURE	Stip atom Typici or proted can c of registered a	igent and little if applicable (NC	TE: Registered		orporation submits this statement for the pration's board of directors. I hereby acceptation's board of directors. I hereby acceptation when reinstating)	DATE	
12.	PD OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	Change Ad	
NAME	ALDRICH, GERALD C. II		1,2 NAM	ľ		Change Au	ioilloii
STREET ADDRESS CITY-ST-ZIP	1995 MAGUIRE ROAD WINDERMERE FL			EET ADDRESS Y-ST-ZIP			
TITLE	STD			Ę		☐ Change ☐ Ad	ldition
NAME	ALDRICH, BRENDA L.		2.2 NA	ME			
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NAME			62 NAI				
STREET ANDRESS	8.1		■ 6.3 STE	IFFT ANDRESS	e e		

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

FILED

Apr 11 1997 8:00am

Secretary of State