

FILED  
Apr 17 1998 8:00am  
Secretary of State

**DOCUMENT # J17490 (0)**  
1. Corporation Name  
**SELF-SERVICE AMUSEMENT CORP.**

Principal Place of Business	Mailing Address
<del>2217 MAYES ST</del> HOLLYWOOD FL 33020 US	514 N Dixie Hwy Hollywood, FL 33020
	3330 TAFT ST HOLLYWOOD FL 33021 US

2. Principal Place of Business		2a. Mailing Address	
21	514 N DIXIE HWY	26	SAME
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	Holly wood	27	
City & State		City & State	
23	FL	28	
Zip	Country	Zip	Country
24	33020	25	BRITAIN
		29	30

9. Name and Address of Current Registered Agent		81	Name
GUTTIERE, MICHAEL		82	Street Address
2217 HAYES ST 514 N Dixie Hwy		83	City
HOLLYWOOD FL 33020		84	State

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporate office or registered agent, or both, in the State of Florida, such change was authorized by the corporate agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE [Signature] (NOTE: Registered Agent signature required)

12. OFFICERS AND DIRECTORS		13.	
TITLE	TSD <input type="checkbox"/> DELETE	1.1 TITLE	
NAME	GUTTIERE, THERESE	1.2 NAME	
STREET ADDRESS	3330 TAFT ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	
TITLE	PSD <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	GUTTIERE, MICHAEL	2.2 NAME	
STREET ADDRESS	3330 TAFT ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

3. Date Incorporated or Qualified  
05/29/1986

4. FEI Number <b>59-2812182</b>	Applied For
	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

DIXIE MICHAEL  
P.O. Box Number is Not Acceptable  
DIXIE HWY  
WOOD

FL 85 Zip Code 32000

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.

CR2E034 (10/97)