## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # **K46937** 

(4)

Corporation Name

P & M AMUSEMENTS, INC.

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Principal Place	e of Business	Mailing Address					
432 WEST WILLISTON	NOBLE AVENUE FL 32696	432 WEST NOBLE A WILLISTON FL 3269					
					3. Date Incorporated or Qualified 11/22/1988	3a. Date of La 04/1	st Report 3/1995
2. Principal Pl	ace of Business	2a. Mailing Address 26			4. FEI Number <b>59-2996544</b>		Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	.75 Additional ee Required	
City & State	e	Oity & State			Election Campaign Financing Trust Fund Contribution		5.00 May Be added to Fees
Zip 24	Country 25	Zip <b>29</b>	Соцп <b>30</b>	ry		□No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New R	egistered Agen	1
			E	11 Name			
	es, ronald e. Orth main street		Ē	Street A	ddress (P.O. Box Number is Not Acceptab	le)	
	SVILLE FL 32601		Ē	3			
			E	4 City		FL 85	Zip Code
or registe familiar w SIGNATURE	Signature typeoff probed name of registered agent of	Market (N	Off-Registered A		poration submits this statement for the pur locard of directors. Thereby accept the appo	[IATE	
12.	V OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF		
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14. If ohereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(x), 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) changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytnie Phone #