FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

2-5-96 B C

DOCUMENT # **K53345** (0) 0714

1. Corporation Name

SARASOTA AMUSEMENT ENTERPRISES, INC.

Principal Place of Business	Mailing Address
RT 1. BOX 641 MYAKKA CITY FL 34251-6720 US	RT 1. BOX 641 MYAKKA CITY FL 34251-6720 US

3. Date Incorporated or Qualified: **12/22/1988**

3a. Date of Last Report: **02/07/1995**

2. Principal Place of Business
21 5131 WAUCHULA RD.
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26 5131 WAUCHULA RD.
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: **NOT APPLICABLE** ☐ 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

ROSIN, ROBERT P.
2033 MAIN STREET, SUITE 406
SARASOTA FL 34235

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 5131 WAUCHULA RD.
83
84 City MYAKKA city FL 85 Zip Code 34251

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, type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	COLEGROVE, LESTER H.		1.2 NAME		
STREET ADDRESS	ROUTE 1 BOX 641		1.3 STREET ADDRESS	5131 WAUCHULA RD.	
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	MYAKKA city FL. 34251	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROSIN, ROBERT P.		2.2 NAME		
STREET ADDRESS	2033 MAIN ST #406		2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP		
TITLE	DVS	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	IZYDOREK, ANNETTE M.		3.2 NAME		
STREET ADDRESS	ROUTE 1, BOX 641		3.3 STREET ADDRESS	5131 WAUCHULA RD.	
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP	MYAKKA city FL. 34251	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: A. M. Izydorek ANNETTE M. IZYDOREK 1/30/96 941-322-2323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)