

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

DOCUMENT # **K56962 (9)**

1. Corporation Name
WGM AMUSEMENTS, INC.



Principal Place of Business: **WILLIAM G. MILLER, JR. 2700 A MICHIGAN AVENUE KISSIMMEE FL 34744-8958**
Mailing Address: **WILLIAM G. MILLER, JR. 2700 A MICHIGAN AVENUE KISSIMMEE FL 34744-8958**

2. Principal Place of Business: **3381 SW 46th Avenue Ocala, FL 34474**
2a. Mailing Address: **P. O. Box 771593 Ocala, FL 34477**
25. Country: **Marion**
30. Country: **Marion**

3. Date Incorporated or Qualified: **01/10/1989**
3a. Date of Last Report: **01/27/1995**
4. FEI Number: **59-2924891**
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: **MILLER JR., WILLIAM G. 2700 A MICHIGAN AVENUE KISSIMMEE FL**
10. Name and Address of New Registered Agent:
81 Name: **Miller Jr., William G.**
82 Street Address (P.O. Box Number is Not Acceptable): **3381 SW 46th Avenue**
83 City: **Ocala**
84 City: **Ocala**
85 Zip Code: **FL 34474**

11. Pursuant to the provisions of Sections 607.0902 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 607.0905, Florida Statutes.

SIGNATURE: *[Signature]* 7/15/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	<input type="checkbox"/> DELETE	1. TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: MILLER JR., WILLIAM G.		2. NAME:	
STREET ADDRESS: 2414 SWEETBRIER CT. KISSIMMEE FL		13. STREET ADDRESS: 3381 SW 46th Avenue	
CITY-ST-ZIP:		14. CITY-ST-ZIP: Ocala, FL 34474	
TITLE: VP	<input type="checkbox"/> DELETE	2. TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: MILLER, JACQUELINE M.		2. NAME:	
STREET ADDRESS: 2414 SWEETBRIER CT. KISSIMMEE FL		2.3 STREET ADDRESS: 3381 SW 46th Avenue	
CITY-ST-ZIP:		2.4 CITY-ST-ZIP: Ocala, FL 34474	
TITLE:	<input type="checkbox"/> DELETE	3. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		3.2 NAME:	
STREET ADDRESS:		3.3 STREET ADDRESS:	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	4. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	5. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* 7/15/96 (352) 873-2017

CR2E034 (12/95)