SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT

FILED Jul 15 1998 8:00am Secretary of State

1. Corporation Name L43105 (4)									
LAND O	if lakes	AMUSEMENTS,	INC.						
Principal Plac	oe of Busines	38	Maili	ing Address					
9500 NORTH T		,,		211 SO. DALE MABRY					
TAMPA FL 336				TAMPA FL 33609					
US			US	US				DO NOT WRITE IN THI	IS SPACE
								3. Date Incorporated or Qualified	
2. Principal Place of Business			2a. N	2a. Mailing Address				01/15/1990 4. FEI Number	Applied For
21			├ ¬	26				59-2983772	Not Applicable
Suite, Apt. #, etc.			s	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional
City & State			27	27 City & State					Fee Required
23			28	28				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	•	Country	— 1	l ip	Count	гу	7	8. This corporation owes or has paid the cu	
24	O Alama	25 and Address of Curre	29	rad Agant	[30]				Yes No
ION	IES, STEPH		eur vedizie	ien Wåeist	8	1 Name		10. Name and Address of New Registered	u Ayent
		ALE MABRY HIGWAY	1		_				
TAMPA FL 33609						82 Street A		s (P.O. Box Number is Not Acceptable)	
	· · · · · · · · · · · · · · · · · · ·				8	3			
	•				8	4 City			85 Zip Code
44 9 44 5						<u> </u>		<u> </u>	
11. Pursuant office or	t to th e p rovis regist e red as	sions of sections 607.05 gent, or both, in the Sta	502 and 607. ite of Florida	.1508, Florida Statut . Such change was	tes, the abov authorized b	e-named o by the comp	corporat poration	tion submits this statement for the purpose of c 's board of directors. I hereby accept the appo	changing its registered ointment as registered
agent. I a	am fa m lliar v	vith, and accept the obli	igations of, s	section 607.0505, F	lorida Statuti	9\$.			-
SIGNATURE		or printed name of registered as	gent and little if a	pplicable (N	IOTE: Registered	Agent signatu	ura require	d when reinstelling) DATE	
12.	Signature, typed	or printed name of registered ag OFFICERS A			IOTE: Registered	Agent signatu	ura require	d when reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
12. TITLE	Signature, typed	OFFICERS A			13. 1.1 TITLE		ura require		ND DIRECTORS IN 12 Change Addition
12. TITLE NAME	DPST SEDLMA	OFFICERS A		TORS	13. 1.1 TITLE 1.2 NAME		ture require		
12. TITLE NAME STREET ADDRESS	DPST SEDLMAN 9500 N T	OFFICERS A YR, ANN M RASK		TORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE	ET ADDRESS	ura require		
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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 or anged, or on an attachment with an address.

7/1/9/ 512 876 A 110