FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:33

DOCUMENT # L79519 (9)

1. Corporation Name
AMERICAN SHOW BOATS LIMITED, INC.

Principal Place of Business
~~C/O CAROL S. WAXLER~~
~~P.O. BOX 111~~
~~STUART FL 34995-0111~~

Mailing Address
~~C/O CAROL S. WAXLER~~
~~P.O. BOX 111~~
~~STUART FL 34995-0111~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/07/1990
3a. Date of Last Report: 04/11/1994

2. Principal Place of Business
21 220 CONGRESS PARK DR
22 Suite, Apt. #, etc. SUITE 255
23 City & State DELRAY BEACH FL
24 Zip 33445
25 Country

2a. Mailing Address
26 220 CONGRESS PARK DR
27 Suite, Apt. #, etc. 255
28 City & State DELRAY BEACH FL
29 Zip 33445
30 Country

4. FEI Number 62-1431642 — 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
WAXLER, CAROL S.
73 S.W. FLAGLER AVENUE
STUART FL 34994

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when filed/amended) DATE

12. OFFICERS AND DIRECTORS

TITLE	PDT
NAME	SABATES, FELIX S., JR.
STREET ADDRESS	800 EAST BOULEVARD
CITY-ST-ZIP	CHARLOTTE NC
TITLE	VD
NAME	CAPPELLI, DOMINIC
STREET ADDRESS	800 EAST BOULEVARD
CITY-ST-ZIP	CHARLOTTE NC
TITLE	SD
NAME	SABATES, CAROLYN
STREET ADDRESS	800 EAST BOULEVARD
CITY-ST-ZIP	CHARLOTTE NC
TITLE	AS
NAME	DARDEN, BARBARA W.
STREET ADDRESS	800 EAST BOULEVARD
CITY-ST-ZIP	CHARLOTTE NC
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information indicated on this 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 above, or on an attached sheet with an address.

SIGNATURE: Dominic Cappelli Dominic Cappelli 1/31/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

0404030 FP