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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L79519

1. Corporation Name
AMERICAN SHOW BOATS LIMITED, INC.

Principal Place of Business	Mailing Address
220 CONGRESS PARK DR SUITE 255 DELRAY BEACH FL 33445 US	800 EAST BLVD. CHARLOTTE NC 28203 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 06/07/1990

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 800 EAST BLVD.	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: CHARLOTTE NC	28 City & State
24 Zip: 28203 25 Country: USA	29 Zip 30 Country

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: ROBB MASS
82 Street Address (P.O. Box Number is Not Acceptable): 321 ROYAL POINCIANA PLAZA
83
84 City: PALM BEACH FL 85 Zip Code: 33480

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] ROBB R. MASS 1/20/99
Signature, typed 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	PDT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SABATES, FELIX S., JR.		1.2 NAME		
STREET ADDRESS	800 EAST BOULEVARD		1.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CAPPELLI, DOMINIC		2.2 NAME		
STREET ADDRESS	800 EAST BOULEVARD		2.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SABATES, CAROLYN		3.2 NAME		
STREET ADDRESS	800 EAST BOULEVARD		3.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC		3.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DARDEN, BARBARA W.		4.2 NAME		
STREET ADDRESS	800 EAST BOULEVARD		4.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC		4.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WHITE, DOUGLAS		5.2 NAME		
STREET ADDRESS	800 EAST BLVD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC		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		

CR2E034 (11/98)

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Douglas White 1/13/99 704 662-9642
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #