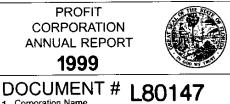
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

MAXIM GERSHUNOFF ATTRACTIONS, INC.

Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90147 029 ***150.00

Principal Place		Mailing Address % LEON VAN DYKE			
1301 VAN BUREN STREET		P.O. BOX 224055 HOLLYWOOD FL 33020-9998 US			
HOLLYWOOD FL 33019				DO NOT WRITE IN THIS	SPACE
US				3. Date Incorporated or Qualifed	J
		La Bartin Address		06/01/1990 4. FEI Number	Applied For
	lace of Business NE 9TH ST.	2a. Mailing Address	4 5-	"	Not Applicable
21 1401 NE 9TH AT.		Suite, Apt. #, etc.		65-0195618	\$8.75 Additional
22 # 3		27 # 38	,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	5. Certificate of Status Desired	Fee Required
City & State	uderdave, FL	City & State	ILE, FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 333	Country	Zip	Country 80 U.S	This corporation owes the current year Inta Personal Property Tax.	☐ Yes ☐ No
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
81 Name					
VAN DYKE, LEON			82 Street	Address (P.O. Box Number is Not Acceptable)	
1301 VAN BUREN STREET					
HOLLYWOOD FL 33019			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 reinstating)					
12.	OFFICERS AND		I 13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	6	☐ DELETE			
NAME	VAN DYKE, LEON		1.2 NAME	LEON VANDYKE	
STREET ADDRESS	1301 VAN BUREN STREET		1.3 STREET ADDRESS	1401 NE 7+4,0.	32014
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-ST-ZIP	D LEON VANDYKE 1401 NE 9+4 8. FT. LAUDENDALE, FL 33	7,704
TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		,
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4, CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		ł
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP	-		4.4 CITY-ST-ZIP		Change C Addition
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		{
STREET ADDRESS			5.3 STREET ADDRESS		

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 region 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 appear with an address, with all other/like empowered.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

☐ Addition