## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

CITY - ST - ZIP

N94000003490 (9)

DINOSAUR PARK AND STORY BOOK ISLAND OF NORTH MIA MI. INC.

Principal Place of Business Mailing Address 13100 W DIXIE HWY 13100 W DIXIE HWY NORTH MIAMI FL 33161-4131 NORTH MIAMI FL 33161 3. Date Incorporated or Qualified 3a. Date of Last Report 07/14/1994 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0532751 26 Not Applicable 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Źip Country 8. This corporation has liability for intangible tax under s. 199.032, Zip 30 Florida Statutes Yes No 24 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name JAY, SCOTT R Street Address (P.O. Box Number is Not Acceptable) 82 420 LINCOLN RD SUITE 327 83 MIAMI BEACH FL 33139 84 City Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and time if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6 OFFICERS AND DIRECTORS 12. 13. \_\_\_ Addition DELETE 1.1 TITLE Change TITLE ANDREASEN, ROBERT K 1.2 NAME NAME R2E037 STREET ADDRESS % 13100 W DIXIE HWY 1.3 STREET ADDRESS NORTH MIAMI FL 33161 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE TITLE 2.1 TITLE **CUSON, TERRY** 22 NAME NAME % 13100 W DIXIE HWY 23 STREET ADDRESS STREET ADDRESS NORTH MIAMI FL 33161 2 4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change THE TD 3.1 TITLE DRAKE, JUNE D 3.2 NAME NAME % 13100 W DIXIE HWY 3.3 STREET ADDRESS STREET ADDRESS NORTH MIAMI FL 33161 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE SD RODRIGUEZ, LUIS 4. 2 NAME NAME % 13100 W DIXIE HWY 4.3 STREET ADDRESS STREET ADDRESS NORTH MIAMI FL 33161 CITY - ST - ZIF 4.4 CITY-ST-ZIP DELETE Change Addition 51 TITLE TITLE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE B.1 TITLE Change TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. Daytime Phone # 0031734

6.4 CITY-ST-ZIP

FILED

May 13 1997 8:00am

Secretary of State