

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

FILED

Apr 09 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000001977 (6)

1. Corporation Name

BRANSON ENTERTAINMENT CONCEPTS, INC.



Principal Place of Business

3044 SHEPHERD OF THE HILLS EXPWY  
SUITE 307  
BRANSON MO 32751  
US

Mailing Address

3044 SHEPHERD OF THE HILLS EXPWY  
SUITE 307  
BRANSON MO 65616  
US

2. Principal Place of Business

21 3044 Shepherd of the Hills Expwy.

Suite, Apt. #, etc.

22 Suite 307

City & State

23 Branson, MO

Zip

24 65616

Country

25 US

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

01/05/1993

3a. Date of Last Report

03/14/1996

4. FEI Number

59-3158147

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$8.75 Additional

Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

XX

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

XX

Yes

No

9. Name and Address of Current Registered Agent

LOONEY, STEPHEN R  
200 SOUTH ORANGE AVENUE  
SUN BANK CENTER SUITE 3000  
ORLANDO FL 32801

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP  
NAME ACHTERBERG, CHARLES R  
STREET ADDRESS 3044 SHEPHERD OF THE HILLS EXPWY STE 307  
CITY- ST- ZIP BRANSON MO

DELETE

TITLE DP  
NAME JOHNSON, KARLE G  
STREET ADDRESS 39 AVISTA CIRCLE  
CITY- ST- ZIP ST. AUGUSTINE FL

DELETE

TITLE DS  
NAME SMITH, JEREMY  
STREET ADDRESS 487 UNION STREET  
CITY- ST- ZIP SALEM ON

DELETE

TITLE DT  
NAME GRAY, DAVID  
STREET ADDRESS 1700 OCEAN DR  
CITY- ST- ZIP VERO BEACH FL

DELETE

TITLE AS  
NAME STEWART, PEGGY  
STREET ADDRESS 3044 SHEPHERD OF THE HILLS EXPWAY #307  
CITY- ST- ZIP BRANSON MO

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP  
1.2 NAME Achterberg, Charles R.  
1.3 STREET ADDRESS 3044 Shepherd of the Hills Expwy., Ste. 307  
1.4 CITY- ST- ZIP Branson, MO 65616

XX

Change

Addition

2.1 TITLE DP  
2.2 NAME Johnson, Karle G.  
2.3 STREET ADDRESS 39 Avista Circle  
2.4 CITY- ST- ZIP St. Augustine, FL 32084

XX

Change

Addition

3.1 TITLE DS  
3.2 NAME Smith, Jeremy  
3.3 STREET ADDRESS 391 Scottsdale Drive  
3.4 CITY- ST- ZIP Guelph, Ontario, CANADA N1G 2W5

XX

Change

Addition

4.1 TITLE DT  
4.2 NAME Gray, David  
4.3 STREET ADDRESS 3545 Ocean Drive  
4.4 CITY- ST- ZIP Vero Beach, FL 32963

XX

Change

Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

Change

Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0527662

CR2E034 (9/96)