

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P93000023180 (1)

1. Corporation Name

SHOWBOAT ADULT WORLD CORP.

Principal Place of Business

**1800 W KING
COCOA FL 32926**

Mailing Address

**1800 W KING
COCOA FL 32926**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/29/1993

3a. Date of Last Report

02/11/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

23

Zip Country

City & State

27

Zip Country

24

25

29

30

4. FEI Number

59-3172159

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 100.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**LASKO, EDWARD
5807 N ATLANTIC AVE #621
CAPE CANAVERAL FL 32920**

10. Name and Address of New Registered Agent

81 Name

LASKO EDWARD

82 Street Address (P.O. Box Number is Not Acceptable)

1800 W. KING

83

84 City

COCOA

FL

85 Zip Code

32926

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

EDWARD LASKO

Edward Lasko

4/10/95

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when substituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PVST

NAME

LASKO, EDWARD

STREET ADDRESS

5807 N ATLANTIC AVE #621

CITY - ST - ZIP

CAPE CANAVERAL FL 32920

TITLE

D

NAME

LASKO, EDWARD

STREET ADDRESS

5807 N ATLANTIC AVE #621

CITY - ST - ZIP

CAPE CANAVERAL FL 32920

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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

1800 W. KING

1.4 CITY - ST - ZIP

COCOA FL 32926

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

1800 W. KING

2.4 CITY - ST - ZIP

COCOA FL 32926

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

Edward Lasko

4/10/95

907-637-5588

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE NUMBER