FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000034197 (2)

1. Corporate Name
S & S AMUSEMENTS, INC.

Principal Place of Business: ~~0137 OAK CLUSTER CIRCLE TAMPA FL 33634~~

Mailing Address: ~~0137 OAK CLUSTER CIRCLE TAMPA FL 33634~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	05/12/1993
3a. Date of Last Report	05/01/1994
4. FEI Number	59-3183894 (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 has liability for intangible tax under S. 199.032 Florida Statutes	XX Yes ☐ No

	2. Principal Place of Business		2a. Mailing Address
21	7216 Hollowell Dr.	26	7216 Hollowell Dr.
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State: Tampa, FL	28	City & State: Tampa, FL
24	Zip: 33634	29	Zip: 33634
25	Country: USA	30	Country: USA

9. Name and Address of Current Registered Agent

JONES, STEPHEN W
~~0137 OAK CLUSTER CIRCLE~~
~~TAMPA FL 33634~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 7216 Hollowell Drive
83
84 City Tampa FL 85 Zip Code 33634

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] Stephen W. Jones 04/24/95
Signature, typed or printed name of registered agent and title if applicable / DATE

12. OFFICERS AND DIRECTORS

TITLE	PS
NAME	WALL, CAROLYN SUE
STREET ADDRESS	9500 N. TRASK
CITY-ST-ZIP	TAMPA FL
TITLE	VPT
NAME	JONES, STEPHEN W
STREET ADDRESS	~~0137 OAK CLUSTER CIRCLE~~
CITY-ST-ZIP	~~TAMPA FL~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	7216 Hollowell Drive	
2.4 CITY-ST-ZIP	Tampa, FL 33634	
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 119.07(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: [signature] Stephen W. Jones 04-24-95 813-875-0810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0301958 CP