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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P93000042330** 1. Corporation Name

BUFFALO BILL'S WILD WEST, INC.

| | | | | | 1 40 00 40 00 50 4 4 04 04 1 06 4 04 | I BUBUR HIRBU HIBB I | 1111 119 11 1 01 1 |
|---|--|---|------------------------|-----------------------|---|----------------------|----------------------------------|
| Principal Place of Business Mailing Address | | | | | \ | | |
| 239 E. COPELAND DRIVE 239 E. COPELAND DRIVE | | | | | | | |
| ORLANDO FL 32806 ORLANDO FL 32806 | | | | | DO NOT WRITE IN THIS SPACE | | |
| | | | | | 3. Date Incorporated or Qualifed | 3 3FACE | |
| | | | | | 06/15/1993 | | |
| 2. Principal F | Place of Business | 2a. Mailing Address | | | 4. FEI Number | App | lied For |
| 21 | | 26 | | | 59-3445454 | Not | Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | · · | 5. Certificate of Status Desired | \$8.75 Ac | |
| City & Sta | te | City & State | | | 6. Election Campaign Financing | \$5.00 N | day Be |
| 23 | | 28 | | | Trust Fund Contribution | Added to | • |
| Zip | Country | Zip | Count | гу | 8. This corporation owes the current year I | ntangible | <u>-</u> |
| 24 | 25 | | 30 | | Personal Property Tax. | | ⊒No |
| | 9. Name and Address of Cur | _, | <u> </u> | | 10. Name and Address of New Registered | d Agent | |
| | 5. 114 41.4.1.4.1.4.1.4.1.4.1.4.1.4.1. | | 8 | 1 Name | | | |
| CAL | LAHAN, SCOTT E ESQ. | | <u> </u> | | | | |
| 28 EAST WASHINGTON STREET ORLANDO FL 32801 | | | 8 | 2 Street Add | Address (P.O. Box Number is Not Acceptable) | | |
| | | | 8 | | | | |
| | | | 10 | 3 | | | |
| | | | 8 | 4 City | | 85 Zip C | ode |
| | | | 1 | | poration submits this statement for the purpose of | | .— <u></u> |
| SIGNATURE | Signature, typed or printed name of registered | agent and title if applicable. (NOTE: AND DIRECTORS | Registered Ag | pent signature requir | ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A | AND DIRECTOR | RS IN 12 |
| TITLE | D | DELETE | 1.1 TITLE | | | ☐ Change | Addition |
| NAME | SNOW, ROBERT | | 1.2 NAM | - | | | |
| | AND E CORELAND DENIE | | | ET ADDRESS | | | |
| STREET ADDRESS | ORLANDO FL 32806 | | | | | | |
| CITY-ST-ZIP | UNLANDO PL 32606 | ☐ DELETE | 1.4 CITY- 2.1 TITLE | | | Change | Addition |
| TITLE | | | 2.2 NAM | | · | | |
| NAME | | | | } | | | |
| STREET ADDRESS | | | | ET ADDRESS | • | | |
| CITY-ST-ZIP | <u> </u> | ☐ DELETE | 2.4 CITY | | | Change | Addition |
| TITLE | | □ pere≀e | 3.1 TITLE | | | onlings | |
| NAME | | | 3.2 NAMI | | | | |
| STREET ADDRESS | 6 | | | ET ADDRESS | | 144 | * |
| CITY-ST-ZIP | | | 3.4. CITY | | | Change | Addition |
| TITLE | | ☐ DELETE | 4.1 TITLE | - 1 | | Criange | Addition |
| NAME | | | 4, 2 NAM | | | | |
| STREET ADDRESS | 6 | | 4.3 STRE | ET ADDRESS | | | |
| CITY-ST-ZIP | | | 4.4 CITY | -ST-ZIP | | | Feb. 1 1111 |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | ☐ Change | Addition |
| NAME | | | 5.2 NAMI | É | | | |
| STREET ADDRESS | 3 | | 5.3 STRE | ET ADDRESS | | | |
| CITY-ST-ZIP | | | 5.4 CITY | -ST-ZIP | · | | |
| TITLE | | □ DELETÉ | 6.1 TITLE | | | ☐ Change | Addition |

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 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 an an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 01, 1999 8:00 am Secretary of State

02-01-1999 90028 048 ***150.00

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