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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P93000057067 (9)

CENTRAL FLORIDA AMUSEMENTS, INC.

Principal Place of Business

Mailing Address

FILED Feb 02 1998 8:00am Secretary of State



5728 MAJOR BLVD. 5728 MAJOR BLVD. SUITE 200 SUITE 200 ORLANDO FL 32819 ORLANDO FL 32819 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/11/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 3373 W. 59-2997908 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 204 Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name LANDIS, WILLIAM R 5728 MAJOR BLVD. 62 Street Address (P.O. Box Number is Not Acceptable) SUITE 200 83 ORLANDO FL 32819 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 signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 10/97 OFFICERS AND DIRECTORS 12. 13. DELETE Gresident Addition TITLE 1.1 TITLE LANDIS, WILLIAM R NAME 1.2 NAME 7914 SANDPOINT BLVD. STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32819 CITY-ST-ZIP 1.4 City-ST-ZIP DELETE Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 41 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Change TITLE DELETE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 receivor or trustee empowered in execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, opportunity attachment systems.

1/22/98 417-518-9588 SIGNATURE: