

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000076954 (5)

1. Corporation Name

AMUSEMENT SPECIALTIES, INC.



Principal Place of Business

Mailing Address

3735 TRADE ST.
OSTEEN FL 32764
US

P. O. BOX 562
OSTEEN FL 32764
US

3. Date Incorporated or Qualified

11/08/1993

3a. Date of Last Report

03/14/1995

2. Principal Place of Business

21 1475 NW 126th Terrace

2a. Mailing Address

25 4953 SW Lake Grove Cir

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3225015

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 ☐ Yes ☒ No

City & State

23 Sunrise, FL

City & State

28 Palm City, FL

Zip

24 33323

Country

25 USA

Zip

29 34990

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUMPHREY, JOHN L
3735 TRADE ST.
OSTEEN FL 32764

81 Name

Brian B. Higley

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

4953 SW Lake Grove Cir

83

84 City

Palm City

FL

85 Zip Code
34990

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)

4-25-96

DATE

12. OFFICERS AND DIRECTORS

T
NAME HIGLEY, BRIAN B
STREET ADDRESS 414 RIVER DR
CITY-ST-ZIP DEBARY FL ☐ DELETE

VP
NAME KLEIN, M ARK
STREET ADDRESS 10740 SANTA FE DR.
CITY-ST-ZIP COOPER CITY FL ☐ DELETE

PS
NAME HUMPHREY, JOHN L
STREET ADDRESS 3735 TRADE ST.
CITY-ST-ZIP OSTEEN FL ☒ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PS
1.2 NAME Higley, Brian B
1.3 STREET ADDRESS 4953 SW Lake Grove Cir
1.4 CITY-ST-ZIP Palm City, FL 34990 ☒ Change ☐ Addition

2.1 TITLE V
2.2 NAME Klein, Mark
2.3 STREET ADDRESS 10740 Santa Fe Drive
2.4 CITY-ST-ZIP Cooper City, FL ☒ Change ☐ Addition

3.1 TITLE T
3.2 NAME ~~John~~ Younkin, Ross
3.3 STREET ADDRESS 1475 NW 126th Terrace
3.4 CITY-ST-ZIP Sunrise, FL 34990 ☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96 407-221-1010

Date

Daytime Phone #

CR2E034 (12/95)