

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000006070 (4)

1. Corporation Name
B.F. GATOR AMUSEMENTS, INC.

Principal Place of Business

2000-000001485 51st CT
VERO BEACH FL 32966

Mailing Address

2000-000001485 51st CT
VERO BEACH FL 32966-1789

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

MCHUGH, JOHN J
333 17TH STREET
SUITE U
VERO BEACH FL 32960

81 Name

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

83

84 City

FL 85 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 changing)

DATE

12. OFFICERS AND DIRECTORS

NAME
STREET ADDRESS
CITY-ST-ZIP

D
BRAMLETT, MARTHA
2000-000001485 51st CT
VERO BEACH FL 32966

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

1.1 NAME
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

2.1 NAME
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

3.1 NAME
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

4.1 NAME
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

5.1 NAME
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

14. I do 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 on an attachment with an address.

SIGNATURE: *Marta Bramlett*

4/28/97

44-159-722?

FILED
May 07 1997 8:00am
Secretary of State



CR2E034 (9/96)