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

CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P94000023121 (4) **DOCUMENT #**

HAPPY DAYS FAMILY FUN TRACK, INC.

FILED May 15 1996 8:00 am Secretary of State



Principa: Place o	r Business	Mailing Ad	CICIO 855							
6317 GREEN ORLANDO FI	GROVE COURT L 32819	6317 GREENGROVE COURT ORLANDO FL 32819								
							 Date Incorporated or Qualified 03/25/1994 	3a. Date		t Report /1995
2. Principal Plac	e of Business	2a. Mailin	g Address				4. FEI Number		•	Applied For
1 5mo 1	N TRU BROWSON MET	Hare					65-0492605			Not Applicable
Suite, Apt. #,			Apt #, etc.				5. Certificate of Status Desired		T -	75 Additional se Required
City & State	INNEE PL.	City 8	State				Election Campaign Financing Trust Fund Contribution			.00 May Be ided to Fees
^{2ip} 34つ	Country 25	7(p)		Count 30	try			□ No		rs 199.032,
	9. Name and Address of Curren	t Registered	Agent				10. Name and Address of New R	tegistered A	gent	
				8	31	Name				
NADDE(6317 G					Street Add	ddress (P.O. Box Number is Not Acceptable)				
	DO FL 32819			8	33					
				ε	84	City		FI	85	Zip Code
SIGNATURE	, and accept the obligations of, Sectional accept the obligations of Section and American acceptance and the section and the section and the section and the section acceptance acceptance and the section acceptance acceptance and the section acceptance acceptanc	and the day feater		Offe fagetered A	igas i	Hiji walaatee Beega Hii	ish who trans William	DATE		
12.	OFFICERS ANI	D DIRECTORS		13.			ADDITIONS/CHANGES TO OFF		DIRE.C	
TITLE	P		☐ DELÉTÉ	1 TH				L	Julia	ige Nodicon
NAME	NADDEO, LAWRENCE			1 2 NAM		D.20000				
STREET ADDRESS	63-17 GREEN GROVE CT					DORESS				
CITY-SI-7.P	ORLANDO FL VP		DELETE	2 1 T/T		· ZIF			7 Char	ige 🗍 Addition
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NAME				6.2 NA		*DODE C *				
STREET ADDRESS						ADORESS				
CITY-ST-7/P				6.4 CIT	ı Y - SI	· 70P				

14. Ido 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. Ffurther 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 early; 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 13 if changed, or on an attachment with an address.

SIGNATURE: X LIVER MALLE MANDED X 5-8-96