


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

FILED

Aug 05, 1999 8:00 am
Secretary of State

08-05-1999 90009 038 ***550.00

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

1. Corporation Name

HAPPY DAYS FAMILY FUN TRACK, INC.

Principal Place of Business

5770 W. IRLO BRONSON MEMORIAL HWY
KISSIMMEE FL 34746

Mailing Address

5770 W. IRLO BRONSON MEMORIAL HWY
KISSIMMEE FL 34746

SUITE 325

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/25/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

65-0492605

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NADDEO, LAWRENCE
6317 GREENGROVE COURT
ORLANDO FL 32819

81 Name

LAWRENCE NADDEO

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

43-01 DOWN POINT LANE

83

84 City

WINDERMERE

FL

85 Zip Code

34786

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: *Lawrence Naddeo*

(NOTE: Registered Agent signature required when reinstating)

DATE

7-28-99

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME NADDEO, LAWRENCE
STREET ADDRESS 6317 GREENGROVE CT
CITY-ST-ZIP ORLANDO FL

TITLE VP ☐ DELETE

NAME SPINA, MICHAEL
STREET ADDRESS 9426 WOODBREEZE BLVD
CITY-ST-ZIP WINDERMERE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

43-01 DOWN POINT LANE
WINDERMERE FL

1.4 CITY-ST-ZIP

34786

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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: *Lawrence Naddeo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0483252

7-28-99 (407) 397-1980