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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P94000034415 (7)**

1. Corporation Name
CRANE CITY AMUSEMENTS INC.

Principal Place of Business
4519 GEORGE RD
SUITE 110
TAMPA FL 33634
US

Mailing Address
4519 GEORGE RD
110
TAMPA FL 33634-7329
US

3. Date Incorporated or Qualified: 05/04/1994
3a. Date of Last Report: 03/28/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-3252230 — 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

9. Name and Address of Current Registered Agent
~~BORER, PETER F~~
~~101 E KENNEDY SUITE 3800~~
~~TAMPA FL 33602~~

10. Name and Address of New Registered Agent
81 Name: DAVIS, PAUL C.
82 Street Address (P.O. Box Number is Not Acceptable): ONE HARBOUR PLACE
83 FIFTH FLOOR
84 City: TAMPA FL 85 Zip Code: 33602

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: PAUL C DAVIS — 3/20/97
(Signature of Officer or Director of Registered Agent and Title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P BORER	☒ DELETE
NAME	~~BOELU~~, PETER F	
STREET ADDRESS	4519 GEORGE RD #110	
CITY-ST-ZIP	TAMPA FL	
TITLE	S	☒ DELETE
NAME	BORER, MARILYN A.	
STREET ADDRESS	4220 SALTWATER BLVD.	
CITY-ST-ZIP	TAMPA FL	
TITLE	T	☒ DELETE
NAME	BORER, MARILYN A.	
STREET ADDRESS	4220 SALTWATER BLVD.	
CITY-ST-ZIP	TAMPA 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/S/T/D	☐ Change ☒ Addition
1.2 NAME	BORER, PETER F.	
1.3 STREET ADDRESS	4519 GEORGE RD #110	
1.4 CITY-ST-ZIP	TAMPA, FL 33634	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: Peter F. Borer — 3/21/97 — 813-244-1283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PETER F. BORER

00088171