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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000035262 (2)

1. Corporation Name

E & S AMUSEMENTS, INC.

Principal Place of Business

17000 NE 3RD CT.
NORTH MIAMI BEACH FL 33162

Mailing Address

17000 NE 3RD CT.
NORTH MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/10/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 9654 S.W. 148 CT

25 9654 S.W. 148 CT

4. FEI Number

65-0509721

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

6. This corporation has liability for intangible tax under S. 190.002,
Florida Statutes ☒ Yes ☐ No

City & State

City & State

23 MIAMI, FL

28 MIAMI FL

City

County

24 33196

25 DADE

City

County

29 33196

30 DADE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPINER, EITAN W
17000 NE 3RD CT.
NORTH MIAMI BEACH FL 33162

81 Name

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

9654 SW 148 CT

83

84 City

MIAMI

FL

85 Zip Code

33196

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 agree to, Section 607.0505, Florida Statutes.

SIGNATURE

X

Eitan W. Spiner

4-9-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	1.1 TITLE
NAME	1.2 NAME
STREET ADDRESS	1.3 STREET ADDRESS
CITY, ST, ZIP	1.4 CITY, ST, ZIP
TITLE	2.1 TITLE
NAME	2.2 NAME
STREET ADDRESS	2.3 STREET ADDRESS
CITY, ST, ZIP	2.4 CITY, ST, ZIP
TITLE	3.1 TITLE
NAME	3.2 NAME
STREET ADDRESS	3.3 STREET ADDRESS
CITY, ST, ZIP	3.4 CITY, ST, ZIP
TITLE	4.1 TITLE
NAME	4.2 NAME
STREET ADDRESS	4.3 STREET ADDRESS
CITY, ST, ZIP	4.4 CITY, ST, ZIP
TITLE	5.1 TITLE
NAME	5.2 NAME
STREET ADDRESS	5.3 STREET ADDRESS
CITY, ST, ZIP	5.4 CITY, ST, ZIP
TITLE	6.1 TITLE
NAME	6.2 NAME
STREET ADDRESS	6.3 STREET ADDRESS
CITY, ST, ZIP	6.4 CITY, ST, ZIP

DIRECTOR, PRESIDENT
EITAN SPINER
9654 SW 148 CT
MIAMI, FL 33196

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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 139.07(3)(b), 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 this corporation or the treasurer or another 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:

X Eitan W. Spiner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
EITAN W. SPINER

Date

Signature Number 8

0174765 CP