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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 08 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000039390 (7)

	ATTHACTIONS, INC.				
Principal Plac		Mailing Address			1 1010 t 1111 t 1011 d 1011 1001
3936 S. SEM	oran Blvd.	3936 S. SEMORAN BLVD.	l.		
#1109 ORLANDO FL 32822		#1109 32822DO FL 34714		DO NOT WRITE IN THIS SPACE	
US		US		3. Date Incorporated or Qualified	
				05/23/1994	
2. Principal P	lace of Business	2a. Mailing Address	c 4 5/	4. FEI Number	Applied For
21		26 7831 St. G	oiles PC-	59-3242202	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	_	27			Fee Required
City & State	е	City & State	FloRIDA	6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28 ()r/FF~100	Country	Trust Fund Contribution	Added to Fees
24	25	32835	30 USA	This corporation owes or has paid the curry Personal Property Tax due June 30.	ent year Intangible Yes No
	9. Name and Address of Curren			10. Name and Address of New Registered A	
BR	ONER, JONATHON		81 Name		
3936 S. SEMORAN BLVD.			82 Street Addre	and /D.O. Doy Mumber in Not Assertable)	
#1109			OZ Street Autho	ess (P.O. Box Number is Not Acceptable)	
OR	LANDO FL 32822		83		
			84 City		85 Zip Code
			[],	FL	
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statute	es, the above-named corpo	oration submits this statement for the purpose of on's board of directors. I hereby accept the appo	changing its registered
agent. La	m familiar with, and accept the oblig	ations of, Section 607.0505, Flo	orida Statutes.	on's board or directors, a hereby accept the appo	nntment as registered
SIGNATURE					
12.	Signature, typed or portled name of registered ago		Registered Agont signature require		DIDEOTODO IN 140
TITLE	D OFFICERS AN	D DIRECTORS DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND	Change Addition
NAME	BRONER, JONATHON	beert	1.2 NAME		Change Chyndillon
STREET ADDRESS	3936 S. SEMORAN BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY - ST - ZIP		
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	B ULLER, DARCIE	-	2.2 NAME	•	
STREET ADDRESS	8936 S. SEMORAN BLVD.		2.3 STREET ADDRESS		
CITY+ST-ZIP	ORLANDO FL		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		•
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3 4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY+ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - S1 - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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 an an attachment with an address.