

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000040268 (2)

1. Corporation Name

POPCORN LEISURE TIME USA, INC.



Principal Place of Business

2320 SOUTH THIRD STREET
SUITE 16
JACKSONVILLE FL 32250
US

Mailing Address

2320 SOUTH THIRD STREET
SUITE 16
JACKSONVILLE FL 32250
US

2. Principal Place of Business

21 3204 SAWGRASS VILLAGE CIR.
Suite, Apt. #, etc.

2a. Mailing Address

26 3204 SAWGRASS VILLAGE CIRCLE
Suite, Apt. #, etc.

22 City & State

23 PONTE VEDRA BEACH FL
Zip Country

27 City & State

28 PONTE VEDRA BEACH FL
Zip Country

24 32082

25

29 32082

30

9. Name and Address of Current Registered Agent

FLETCHER, DAVID R
541 E. MONROE STREET
JACKSONVILLE FL 32202

3. Date Incorporated or Qualified
05/24/1994

3a. Date of Last Report
02/14/1995

4. FEI Number

59-3268608

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S
NAME FLETCHER, DAVID R
STREET ADDRESS 541 E. MONROE STREET
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE P
NAME WALCH, PETER A.
STREET ADDRESS STEINENTORSTRASSE 8
CITY-ST-ZIP CH-4051 BASEL SW

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VP
NAME WALCH, PATRICIA F.
STREET ADDRESS 13649 SHIPWATCH DRIVE
CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)