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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000042331 (6)

1. Corporation Name

LOU'S AMUSEMENT INC.



Principal Place of Business

**4921 E. BROADWAY
TAMPA FL 33605
US**

Mailing Address

**4921 E. BROADWAY
TAMPA FL 33605
US**

3. Date Incorporated or Qualified

05/31/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DOMINGUEZ, DANIEL
2424 TAMPA BAY BLVD.
TAMPA FL 33607**

81 Name

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

Dominguez, Daniel

83

3014 S. West Shore Blvd

84 City

Tampa, Fla 33629

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

Daniel Dominguez

3/1/96

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE

NAME **DOMINGUEZ, DANIEL**
STREET ADDRESS **2424 W. TAMPA BAY BLVD.**
CITY-ST-ZIP **TAMPA FL**

TITLE **C** ☐ DELETE

NAME **ASOREY, LUIS**
STREET ADDRESS **3523 CHARLES CT.**
CITY-ST-ZIP **N. BERGEN NJ**

TITLE **V** ☐ DELETE

NAME **BOYD, WILLIAM F**
STREET ADDRESS **7204 E. CATUCA ST.**
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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

P/T

Dominguez, Daniel
3014 S. West Shore Blvd
Tampa, Fla

S/VP

BOYD, William F.
4105 W. Coachman Ave
Tampa, Fla 33611

800001807598
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*****200.00**

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: **D. Dominguez**

PRESIDENT

3/1/96

813-248-5933

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)