

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

DOMINGUEZ, DANIEL
3014 S WEST SHORE BLVD.
TAMPA FL 33629

3. Date Incorporated or Qualified

05/31/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3254217

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 owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME DOMINGUEZ, DANIEL
STREET ADDRESS 3014 S. WESTSHORE BLVD.
CITY-ST-ZIP TAMPA FL

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

TITLE SVP
NAME BOYD, WILLIAM F
STREET ADDRESS 4105 W. COACHMAN AVE.
CITY-ST-ZIP TAMPA FL 33611

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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 in an attachment with an address.

SIGNATURE [Signature] Pres. 7/25/97 2119-5933

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (4/97)

LOU'S AMUSEMENT
4921 E. BROADWAY
TAMPA, FL 33605
(813) 248-5933

②

8/4/97

~~to whom it may concern.~~

ON August 1st 1997 I, Daniel Dominguez spoke to one of your Representatives. I explained that I did send my Annual Report As Scheduled, but for some unknown reason it did not reach The Dept of State. Please, overlooked our tardiness for which it was out of our control. We have a small company with 3 employees and we can sure use the late fees.

P.S IF you have any question's

CALL me AT (813) 248-5933

Sincerely yours
DANIEL Dominguez