

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

96 MAR -5 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000056237 (8)

1. Corporation Name

BUCKEYE THEMED ATTRACTIONS, INC.

Principal Place of Business

Mailing Address

5401 KIRKMAN ROAD
STE. 610
ORLANDO FL 32819

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STE. 610
ORLANDO FL 32819

3. Date Incorporated or Qualified

07/29/1994

3a. Date of Last Report

08/11/1995

4. FEI Number

65-0085805

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

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

81. Name

STEVEN R. BAKER

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

5401 KIRKMAN ROAD

83.

SUITE 610

84. City

ORLANDO

FL

85.

Zip Code
32819

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

Steven R. Baker

STEVEN R. BAKER

2/16/96

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

(NOTE: Registered Agent signature required when the state is)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME BAKER, STEVEN R
STREET ADDRESS 5401 KIRKMAN ROAD, STE. 610
CITY- ST- ZIP ORLANDO FL 32819

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME 700001735577
1.3 STREET ADDRESS -03/07/96--01062--001
1.4 CITY- ST- ZIP ****208.75 ****208.75

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME GILES, TERRY
2.3 STREET ADDRESS 1272A PEACOCK HILL
2.4 CITY- ST- ZIP SANTA ANA, CA 93705

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

3.1 TITLE D/VP ☐ Change ☒ Addition
3.2 NAME HALLING, ARNI T.
3.3 STREET ADDRESS 54 EAST 11TH STREET, 8TH FLOOR
3.4 CITY- ST- ZIP NEW YORK, NY 10003

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

4.1 TITLE S/T ☐ Change ☒ Addition
4.2 NAME WARE, THELMA C.
4.3 STREET ADDRESS 5401 KIRKMAN ROAD, SUITE 610
4.4 CITY- ST- ZIP ORLANDO, FL 32819

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition
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:

Steven R. Baker

STEVEN R. BAKER

2/16/96

407/351-0425

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Office Phone #

CR2E034 (12/95)