## FILE NOW: FILING FEE AFTER MAY 1 IS \$550

**PROFIT** CORPORATION



FLORIDA DEPARTMENT

F STATE Sandra B. Mort

**FILED** Feb 28 1997 8:00am

|   | JAL REPORT<br>1997  |  |  | DIVIS                             | Secretary                   |                   | .T10 | ONS                |             | <b>,</b>   | Secre           | etai      | ry of                       | St            | ate                     |                  |
|---|---|--|--|-----------------------------------|-----------------------------|-------------------|------|--------------------|-------------|--|-----------------|-----------|-----------------------------|---------------|-------------------------|------------------|
| DOCUMENT # P9400080849 (0) AMERICAN ENTERTAINMENT SERVICES, INC.  Principal Place of Business Mailing Address |   |  |  |                                   |                             |                   |      |                    |             |  |                 |           |                             |               |                         |                  |
| 3783 EXECUTIVE DR.<br>PALM HARBOR FL 34685  |   |  | PALM HARBOR FL 34685-1021  |                                   |                             |                   |      |                    |             | 3. Date Incorporated or Qualified 3. Date of Last Report |                 |           |                             |               | port                    | 7                |
| 21  | lace of Business  |  | 26   | Mailing Add                       |                             |                   |      |                    |             | 11/03/199<br>4. FEI Numbe<br>59-3276                     | T               |           | 02/27/19                    | Apr           | olied For<br>Applicable |                  |
| Suite, Aprt.  | #, etc  |  | 27   | Suite, Apt. #                     | , etc.                      |                   |      |                    |             | 5. Certificate of  | of Status Desir | ed        |                             | . <b>75</b> A | dditional<br>Julred     | ١                |
| City & State  | 9   |  | , I  | City & State                      |                             |                   |      |                    |             | 6. Election Ca   |                 | cing      |                             |               | May Be                  | 1                |
| 23<br>Zip<br>24   | 25  | untry                                  | 29   | Zip                               | 3                           | Col               | itry | <del> , </del>     |             | 8. This corpor<br>Florida Stat                           | utes            |           | tangible tax ur<br>Yes 🔲 No |               |                         |                  |
| DAY   | 9. Name and A-<br>HOFF, CHARLES                                     | ddress of Current                      | Regist   | ered Agent                        |                             |                   | 81   | Name               | 1           | IO. Name and   | Address of N    | ew Reg    | istered Agent               |               |                         | }                |
| 3830  | TAMPA RD.   | V III                                  |  |                                   |                             |                   | 82   | Street A           | Address     | (P.O. Box Nur  | nber is Not Ac  | ceptable  | 9)                          | <del></del> - | ····                    | $\frac{1}{2}$    |
|   | TE 150<br>M HARBOR FL 34  | IRR4                                   |  |                                   |                             |                   | 83   | ļ                  |             | ·  |                 | · ·       | ·                           |               |                         | $\left  \right $ |
| T /Sta  | ui thaibhit i c d   | <del>(UU</del> T                       |  |                                   |                             |                   | 84   | City               | <del></del> |  |                 |           | 85                          | Zip C         | orle                    | $\left.\right $  |
| 11. Pursuant  | to the provisions of  | Sections 607 0502                      | and 60   | 7.1508. Flor                      | ida Statutes                | the a             |      |                    | corpora     | ation submits th   | is statement fo | or the pu | FL                          |               |                         | 1                |
| office or re<br>agent. La   | to the provisions of<br>egistered/agent, or<br>m familiar with, apd | both, in the State of                  | of Florid  | a Such cha<br><u>Sec</u> tion 607 | nge was au<br>7.0505, Flori | thorize<br>da Sta | by   | the corp<br>s.     | oration     | ition submits the<br>'s board of dire                    | ctors. I hereby | / accept  | the appointme               | ent as r      | egistered               | l                |
| SIGNATURE   | Signature Special printed   | Marking Market and the Market of State | en de la composición | aprilicant                        | (NOTE: I                    | Register          | Ace  | ent signature      | required w  | hen reinstating)   |                 | - 7       | DATE                        |               |                         |                  |
| 12.   |   | OFFICERS AND                           |  | 10RS                              |                             | 13.               |      |                    |             |  | CHANGES TO      | OFFICE    | RS AND DIRE                 |               |                         | 1                |
| TITLE   | DP<br>Gattuso, Vic  | TOR E SR                               |  |                                   | DELETE                      | 1.11              | Æ.   |                    |             |  |                 |           | □ CI                        | iange         | L Addition              |                  |
| NAME<br>STREET ADDRESS  | 3763 EXECUTIV   |  |  |                                   |                             | 1.21              | •    | ADORESS            |             |  |                 |           |                             |               |                         |                  |
| CITY - S1 - ZIP   | PALM HARBOR   |  |  |                                   |                             | 1.4               |      | ST-ZIP             |             |  |                 |           |                             |               |                         |                  |
| TILE  | D   |  |  | 1                                 | DELETE                      | 2.1               | E    |                    |             | ···  |                 |           | CI                          | nange         | ☐ Addition              | 1                |
| NAME  | MILLER, ROBEI   |  |  |                                   |                             | 2.21              | ŧΕ   |                    |             |  |                 |           |                             |               |                         | ļ                |
| STREET ADDRESS  | 6308 HALIFAX<br>EDINA MN 554  |  |  |                                   |                             | 2.33              |      | ADDRESS            |             |  |                 |           |                             |               |                         | ı                |
| CITY-S1-ZH <sup>2</sup><br>TITLE  | EDINA MIN 354   | <b>5</b> 7                             |  |                                   | DELETE                      | 31                | Y    | ST-ZIP             |             |  |                 |           | CI                          | nange         | Addition                | }                |
| NAME  |   |  |  |                                   |                             | 32                | Ε    |                    |             |  |                 |           | -                           |               |                         | ١                |
| STREET ADDRESS  |   |  |  |                                   |                             | 33                | εī   | ADDRESS            |             |  |                 |           |                             |               |                         | ļ                |
| CITY-S1-ZIP   |   |  |  |                                   |                             | 3.4.              | -    | ST-ZIP             |             |  |                 |           |                             |               | - <b> </b>              | 1                |
| TrīLÉ   |   |  |  | L l                               | DELETE                      | 4.1               |      | ļ                  |             |  |                 |           | ☐ CI                        | iange         | Addition                | l                |
| NAME<br>STORES ASSUMESS   |   |  |  |                                   |                             | 4.1               |      | ADDRESS            |             |  |                 |           |                             |               |                         |                  |
| STREET ADDRESS (  | <b> </b><br>  |  |  |                                   |                             | 4.4               |      | ST-ZIP             |             |  |                 |           |                             |               |                         |                  |
| THUE  |   |  |  |                                   | DELETE                      | 5.1               | -    | :- <del>-</del> :: |             | ,, <del>,,,,,,</del> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,        |                 |           | C                           | nange         | Addition                | 1                |
| NAME  |   |  |  |                                   |                             | 5.21              | Ę    | ļ                  |             |  |                 |           |                             |               |                         |                  |
| STREET ADDRESS  |   |  |  |                                   |                             | 5.3               | ٤    | ADDRESS            |             |  |                 |           |                             |               |                         |                  |
| CITY: S1-ZIF  |   |  |  | ····                              | SCI ETC                     | 540               | :    | ST-ZIP             | <b></b>     |  |                 |           | C                           | hange         | Addition                | 1                |
| TITLE   |   |  |  | ,                                 | DELETE                      | 611<br>62N        | c    |                    |             |  |                 |           | L                           | នាហិដ         | LI MUDRINII             |                  |
| NAME<br>STREET ADDRESS  |   |  |  |                                   |                             | 6.3 5             |      | I ADDRESS          |             |  |                 |           |                             |               |                         |                  |
| CHY-ST-ZIP  |   |  |  |                                   |                             | 6.40              |      | ST-ZIP             | [           |  |                 |           |                             |               |                         |                  |
|   |   |  |  |                                   |                             |                   | _    |                    |             | 4  | -1-17:          | A         |                             | 4 11 4 1      |                         | 1                |

14. I do hereby certify that the information supplied with this filing does not qualify for the information indicated on this annual report or supplemental annual report is true and I am an officer or director of the corporation or the receiver or trustee empoyaged to appears in Block 12 or Block 13 of changed, of on an attachment with an address.

xemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the curate and that my signature shall have the same legal effect as if made under oath; that ecute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIG