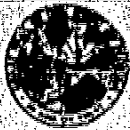


SECOND NOTICE: CORPORATION WILL BE DISQUALIFIED ON OR AFTER JANUARY 1, 1996, IF IT DOES NOT FILE AN ANNUAL REPORT OR SUPPLEMENTAL REPORT AS REQUIRED BY CHAPTER 607, FLORIDA STATUTES.

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000090291 (3)

1. Corporation Name

JOKERS WILD AMUSEMENTS, INC.

Principal Place of Business

6101 90TH AVE N
PINELLAS PARK FL 34665

Mailing Address

6101 90TH AVE N
PINELLAS PARK FL 34665

FILED

1995 JUL 25 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/12/1994

3a. Date of Last Report

4. FEI Number

59-3318065

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

21 6101 - 90th Ave No.

2b. Mailing Address

26 6101 - 90th Ave No.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Pinellas Park FL

City & State

28 Pinellas Park FL

Zip

24 34666

Country

25 Pinellas

Zip

29 34666

Country

30 Pinellas

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CASA, JOSEPH
6101 90TH AVE N
PINELLAS PARK FL 34665

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 of agent or qualified member of registered agent and title of corporation)

(Signature of Registered Agent (signature required when registered))

(Date)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

PD
CASA, JOSEPH
6101 90TH AVE N
PINELLAS PARK FL 34665

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

VD
BLOOD, BRIAN
879 HARBOR HILL DR
SAFETY HARBOR FL 34695

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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:

JOSEPH CASA

(Signature and typed or printed name of signing officer or director)

6-6-95 813-541-7356

Date

(Typed Name)

CR2E034 (3/95)