SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST [illegible], 1995.
AMOUNT DUE [illegible]

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
1995 JUL 25 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000090291 (3)

1. Corporation Name
JOKERS WILD AMUSEMENTS, INC.

Principal Place of Business	Mailing Address
6101 90TH AVE N PINELLAS PARK FL 34665	6101 90TH AVE N PINELLAS PARK FL 34665

3. Date Incorporated or Qualified: 12/12/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 6101 - 90th Ave No.	26 6101- 90th Ave No.
22 Suite, Apt #, etc.	27 Suite, Apt #, etc.
23 City & State: Pinellas Park FL	28 City & State: Pinellas Park FL
24 Zip: 34666 — 25 Country: Pinellas	29 Zip: 34666 — 30 Country: Pinellas

4. FEI Number: 59-3318065 ☐ 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

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, 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	PD	1 1 TITLE	☐ Change ☐ Addition
NAME	CASA, JOSEPH	1 2 NAME	
STREET ADDRESS	6101 90TH AVE N	1 3 STREET ADDRESS	
CITY ST ZIP	PINELLAS PARK FL 34665	1 4 CITY ST ZIP	
TITLE	VD	2 1 TITLE	☐ Change ☐ Addition
NAME	BLOOD, BRIAN	2 2 NAME	
STREET ADDRESS	879 HARBOR HILL DR	2 3 STREET ADDRESS	
CITY ST ZIP	SAFETY HARBOR FL 34695	2 4 CITY ST ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY ST ZIP		3 4 CITY ST ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY ST ZIP		4 4 CITY ST ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		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: Joseph Casa   Joseph Casa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 6-6-95   Daytime Phone #: 813-541-7356

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