

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/12/95--01016--019
***200.00 ***200.00

DO NOT WRITE IN THIS SPACE.

DOCUMENT # P94000091012 (2)

1. Corporation Name

C.D. AMUSEMENTS, INC.

Principal Place of Business

**440 EAST SAMPLE RD.
#209
POMPANO BEACH FL 33064**

Mailing Address

**440 EAST SAMPLE RD.
#209
POMPANO BEACH FL 33064**

3. Date Incorporated or Qualified
12/16/1994

3a. Date of Last Report

2. Principal Place of Business

21
State, Apt. #, etc.

2a. Mailing Address

26
State, Apt. #, etc.

4. FEL Number

65-9571289

Applied For

Not Applicable

22
City & State

27
City & State

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

23
Zip

Country

28
Zip

Country

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

**CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST
TALLAHASSEE FL 32301**

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 fee if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**D
DIMOS, CONSTANTINOS
440 EAST SAMPLE RD., #209
POMPANO BEACH FL 33064**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1

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2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

2.5 TITLE

2.6 NAME

2.7 STREET ADDRESS

2.8 CITY, ST, ZIP

2.9 TITLE

2.10 NAME

2.11 STREET ADDRESS

2.12 CITY, ST, ZIP

2.13 TITLE

2.14 NAME

2.15 STREET ADDRESS

2.16 CITY, ST, ZIP

2.17 TITLE

2.18 NAME

2.19 STREET ADDRESS

2.20 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 199.03(4), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature (Printed Name)