FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P9600000203 (5)

JACKSONVILLE AMUSEMENT LEASING, INC.

Principal Place 6306 PEARL S JACKSONVILLE		Mailing Address 6308 PEARL ST JACKSONVILLE FL 3220	08-4506		
				3. Date Incorporated or Qualified 01/02/1996	3a. Date of Last Report
2. Principal F	Place of Business	26. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		59 - 33503	CO 75
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	le	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	71p	Country	Trust Fund Contribution 8. This corporation has liability for in	Added to Fees
24	25	29]	30	Florida Statutes	itangible tax under s. 199.032, Yes :: No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Reg	istered Agent
373	DRT, FREDERICK R JR 3 UNIVERSITY BLVD W #203 KSONVILLE FL 32217		83	ess (P.O. Box Number is Not Acceptabl	е)
			84 City		FI 85 Zip Code
11. Pursuant office or ragent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of im familiar with, and accept the obliga	and 607.1508, Florida Stati of Florida, Such change was tions of, Section 607.0505, I	utes, the above-named corporations authorized by the corporation of the statutes.	oration submits this statement for the pu on's board of directors. I hereby accept	rpose of changing its registered the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agen	A earl tile it made stee	OTF Registered Agent signature require	a gran na jiya a see ka sa sa sa sa see e	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES 10 OFFICE	DATE ERS AND DIRECTORS IN 12
TITLE	D	DELLIE	1.1 1111.6	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME	HOYT, MATTHEW		1.2 NAME		
STREET ADDRESS	6308 PEARL ST JACKSONVILLE FL 32208		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DAONSONVILLE PL 32208	☐ DELFTE	1.4 CiTY+S1-ZiP 2.1 Title		7 6bass 7 1400
NAME			2.2 NAME		L. Change L. Addition
STREET ADDRESS			2.3 STREET ADDRESS		•
CITY-ST-ZIP			2 4 CDY - \$1 - 7IP		
TITLE		□ DELETE	31 11111		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADORESS		
CITY-ST-ZIP TITLE		DELETE	3.4 CITY-S1-ZIP 4.1 TITE		
NAME		בן אונוני	4.7 THE		Change Addition
STREET ADDRESS		•	4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CHY-S1-7IP		
TITLE		DCCETE	5.1 1111.6		Change Addition
NAME			5.2 NAMŁ		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 City-St-7iP		
TIPLE		DELETE	6.1 TITLE		Change Addition
NAME CTREET ADDRESS			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes 1 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.

Apr 08 1997 8:00am

Secretary of State