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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600007179 (0)

AMERICAN ATTRACTIONS INC.

Principal Place of Business

Mailing Address

4913 REFLECTIONS BLVD APT 106 SUNRISE FL 33351 4313 REFLECTIONS BLVD APT 106 SUNRISE FL 33351

FILED Mar 26 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3/21/1998

			3. Date Incorporated or Qualified 01/19/1996	
9 Principal Pla	ace of Business 2a. Mailing Address		A FEI Number Applied	1 For
21 1630	O GIDLE CLOB RD 20 16300 GOL	iaon aus) 7.	65-0637552 Not Ap	plicable
Suite, Apt. 4	#, etc Suite, Apt. #, etc.		S8.75 Additi	
22 SU1			5. Certificate of Status Desired Fee Require	
City & State	City & State		6. Election Campaign Financing \$5.00 May	Be
	STOP FL 28 WESTON	-	Trust Fund Contribution	
— ^{Zip} ივე ე	Country Zip 222.26	Country USB	8. This corporation owes or has paid the current year Intangit	
24 3332	25 USA 29 333 LD 9. Name and Address of Current Registered Agent	30 V J P	Personal Property Tax due June 30. Yes No	'
PREIIE, JUSEPH				
4313 REFLECTIONS BLVD APT 106 82 Street Address (P.O. Box Number is Not Acceptable) 83 SUNRISE FL 33351				
R3				
		APT	703	
		B4 City	リビ 5 T O N FL 85 Zip Code 3333	26
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 4 applicable (NOTE, Registered Agent signature required when reinstating) DATE				
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12
TITLE	P\$ DELETE	1.1 TITLE	Change □	Addition
NAME	PREITE, JOSEPH	1.2 NAME		1
STREET ADDRESS	4313 REFLECTION, APT. 106		16300 GOLF CLUBRD APT 703	
CITY-ST-ZIP	SUNRISE FL	1.4 CITY-ST-ZIP	WESTON FL 33326	
TITLE	DELETE	2.1 TITLE	Change	Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS	·	
CITY-ST-ZIP		2. 4 CITY-ST-ZIP		
THLE	DELETE	3.1 TITLE	Change	Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		1 4 4 4 1 1 1 1 1
TITLE	DELETE	4.1 TITLE	Change	Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP	Dr. CYC	4.4 City-St-ZiP	Change	Addition
TITLE	DELETE	5.1 TITLE	Change L	1 Magaaaaa
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP	L porte	5.4 CITY-ST-ZIP	Change	Addition
TITLE	DELETE	6.1 TITLE	Change E) Madition
NAME		6.2 NAME		ļ
STREET ADDRESS		6.3 STREET CORESS]
CITY-ST-ZIP	and that the information curvilled with this bline does not evalify to	6.4 CITY - 6T - ZIP	Lin Section 119 07(3Vi) Florida Statutes I further certify that the info	rmation
14. I hereby certify that the information supplied with this filing does not qualify for the exception stated in Aection 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is frue and accurate analysis and have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or fusitoe 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.				