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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am Secretary of State

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WANDA'S AMUSEMENTS, INC.

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9. Name and Address of Current Registered Agent HAYES, MALCOLM K CPA 503 WEST DRANE SOUTH PLANT CITY FL 82 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 667.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, or and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligation agent, and accept the oblig	23		28				Trust Fund Contribution		Added to	Fees	
9. Name and Address of Current Registered Agent HAYES, MALCOLM K CPA 503 WEST DRANE SOUTH PLANT CITY FL 82 Street Address (P.O. Box Number is Not Acceptable) 83 B4 City FL 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 of office or registered agent, or both, in the State of Florida. Such change was atthorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or poth, and accept the obligations of, Section 607.0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITILE D OFFICERS AND DIRECTORS IN 12 ITILE D OFFICERS AND DIRECTORS IN 12 ITILE D OChange Addition MARTIN, WANDA B STREET ADDRESS CITY-ST-ZPP PLANT CITY FL 33567 DELETE 11 TITLE D OCHANGE Addition MARTIN, WANDA B STREET ADDRESS CITY-ST-ZPP DELETE 32 NAME 32 STREET ADDRESS CITY-ST-ZPP DELETE 31 TITLE OCHANGE Addition Change Addition Change Addition Change Addition CHANGE Addition CHANGE Addition Change Addition Change Addition CHANGE Addition CHANGE Addition CHANGE Addition CHANGE Addition CHANGE Addition CHANGE Addition CHANGE Addition CHANGE Addition CHANGE CHANG	_	L	_ _	_	у		-	ent year Inte		□No	
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CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

ATTER AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

DELETE

1-22-99

Daytime Phone #

Change

☐ Change

Addition

Addition