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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mogham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600063327 (6)

AAA AMUSEMENTS INCORPORATED

Principal Place of Business 3624 N. APOPKA VINELAND RD. ORLANDO FL 32818	Mailing Address 3624 N. APOPKA VINELA ORLANDO FL 32818-8680			
			3. Date Incorporated or Qualified 3a 07/22/1996	a. Date of Last Report
2, Principal Place of Business	2a. Mailing Address		4. FEI Number 3397455	Applied For Not Applicable
Suite, Apt. #, etc  22  City & State	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Country	City & State	T Country	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Bo Added to Fees
24 25 9, Name and Address of 0	Zip [29] Current Bogistered Agent	Country 30	This corporation has liability for intane     Florida Statutes	No 🗆 No
ASBATE, GEORGE	Same tropictora Agont	81 Name	TO, Marine and Address of New Aegiste	red Agent
3624 N. APOPKA VINELAND RI	D.	82 Street Address (P.O.		
ORLANDO FL 32818		83		
		84 City		Tarl Via Code
		' '		FL 85 Zip Code
office or registered agent, or both, in the agent. I am familiar with, and accept the	97,0502 and 607,1508, Florida Stati State of Florida, Such change was obligations of, Section 607,0505, F	utes, the above-named co Fauthori≵ed by the corpor Horida Statutes.	orporation submits this statement for the purpo- lation's board of directors. Thereby accept the	se of changing its registered appointment as registered
SIGNATURE Signature, typed or grinted name It regists				
12. Process OFFICER	RS AND DIRECTORS	HE Registered Agent's greature rec	ADDITIONS/CHANGES TO OFFICERS	
NAME STREET ADDRESS CITY-ST-ZIP  ASBATE  GET ASBATE  G	ORLE DEIFIE	3.1 THLE		Change Addition
NAME 3624 N. APOP	PRA VINE Rd.	1.2 NAME		
STREET ADDRESS ORIANDO FR. 3	32818	1.3 STREET ADDRESS		
CITY-ST-ZIP		1.4 CITY - \$1 - Z(P		
NAME	[_] DECENE	2.1 TILLE		Change Addition
STREET ADDRESS		2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP		2 4 CITY- \$1- ZIP	<b>₹</b> -	# . *
THTLE	DELETE	3.1 THUE		Change Addition
NAME		3.2 NAMI		-
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4, CHY-ST-7IP		
TITLE	L.J DELETE	4.1 TITLE		Change Addition
NAME		4 2 NAME		
STREEF ADDRESS		4.3 STREET ADDRESS		
CITY-SI-ZIP	DELETE	4.4.04TY-ST-ZIP 5.1.1(TLE		Change Addition
NAME	the second second	5.2 NAME		Li change Li Mudi(011
STREET ADDRESS		5.3 STREET ADDRESS		
CITY - ST - ZIP		5.4 CITY - ST - ZIP		
TITLE	DELETE	G.1 VOLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-S1-ZIP		6.4 CITY-ST-ZIP		

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, 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 eath; that I am an officer or director of the corporation or the c

**FILED** 

May 20 1997 8:00am

Secretary of State

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