

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
 Jul 30 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000068596 (1)
 1. Corporation Name
HOLLYWOOD AMUSMENT CENTER INC.



Principal Place of Business 420 SOUTH STATE ROAD #7 HOLLYWOOD FL 33023	Mailing Address 420 SOUTH STATE ROAD #7 HOLLYWOOD FL 33023
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 08/15/1996	3a. Date of Last Report 1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0709505	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent DUGAN, BRENDA 420 SOUTH STATE ROAD #7 HOLLYWOOD FL 33023		10. Name and Address of New Registered Agent	
81. Name	GALE FONTAINE		
82. Street Address (P.O. Box Number is Not Acceptable)	3440 NE 11 TERRACE		
83. City	POMPANO BEACH FL		
84. Zip	85. Zip Code	FL 33062	

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 *Gale Fontaine*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAPIRO, LESTER A	1.2 NAME	
STREET ADDRESS	420 SOUTH STATE ROAD #7	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33023	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUGAN, BRENDA	2.2 NAME	
STREET ADDRESS	420 SOUTH STATE ROAD #7	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33023	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUGAN, JERRY	3.2 NAME	
STREET ADDRESS	420 SOUTH STATE ROAD #7	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33023	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	VICE PRESIDENT
STREET ADDRESS		4.3 STREET ADDRESS	GALE FONTAINE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	3440 NE 11 TERRACE
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	PRESIDENT
STREET ADDRESS		5.3 STREET ADDRESS	JOHN FONTAINE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	3440 NE 11 TERRACE
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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. 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: *Gale Fontaine*

CR2E034 (4/97)