

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

FILED
May 05 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 # P96000077251 (2)

1. Corporation Name

ACE FAMILY FUN CENTER, INC.



Principal Place of Business 3309 NE 10TH STREET OCALA FL 34470	Mailing Address 3309 NE 10TH STREET OCALA FL 34470-5603
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3. Date Incorporated or Qualified 09/17/1996	3a. Date of Last Report
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2. Principal Place of Business 21 10251 SWS HWY 441 Suite, Apt. # etc.	2a. Mailing Address 26 10251 SWS HWY 441 Suite, Apt. #, etc.
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4. FEI Number 59-3400423	Applied For Not Applicable
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22 City & State 23 BELLEVUE, FL	27 City & State 28 BELLEVUE, FL
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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24 34420 Country 25 MARION	29 34420 Country 30 MARION
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent	
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
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GONZALES, EDWARD O 4149 SE 130TH PLACE BELLEVUE FL 34420	
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10. Name and Address of New Registered Agent	
81 Name 82 Street Address (P.O. Box Number is Not Acceptable)	SAME AS CURRENT
83	
84 City 85 Zip Code	FL

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 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	GONZALES, EDWARD O	1.2 NAME	
STREET ADDRESS	4149 SE 130TH PL	1.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEVUE FL 34420	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, ALMA	2.2 NAME	
STREET ADDRESS	3309 NE 10TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34470	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALES, CHARLOTTE A	3.2 NAME	
STREET ADDRESS	4149 SE 130TH PL	3.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEVUE FL 34420	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-97 3523477344

Date

Daytime Phone #

CR2E034 (9/96)