

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

FILED

Feb 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000082338 (0)

1. Corporation Name

KEHOE CAROUSELS AND TRAINS ENTERPRISES OF FLORIDA, INC.

Principal Place of Business

6350 NE 7TH AVENUE  
BOCA RATON FL 33487

Mailing Address

6350 NE 7TH AVENUE  
BOCA RATON FL 33487-3216

3. Date Incorporated or Qualified

10/04/1996

3a. Date of Last Report

4. FEI Number

22-3475497

Applied For

Not Applicable

2. Principal Place of Business

21 451 ALTAMONTE AVE

2a. Mailing Address

26 716 CREEK ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 ALTAMONTE MALL

27

City & State

FLORIDA

City & State

23 ALTAMONTE SPRINGS

28 BELLMAN, NJ

Zip

Country

24 32701

25 SEMINOLE

Zip

Country

29 08031

30 CAMDEN

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

KEHOE, WILLIAM L  
6350 NE 7TH AVENUE  
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 office or registered agent. I am, the undersigned, authorized by the corporation's board of directors to execute this statement and accept the appointment as registered agent. I hereby accept the appointment as registered agent under s. 607.0505, Florida Statutes.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

1-28-97

12. OFFICERS AND DIRECTORS

TITLE D KEHOE, WILLIAM L

NAME KEHOE, WILLIAM L  
STREET ADDRESS 6350 NE 7TH AVENUE  
CITY-ST-ZIP BOCA RATON FL 33487

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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, or on an attachment with this filing.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-97

Date

Daytime Phone

609  
931-5554

CR2E034 (9/96)