## 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

## DOCUMENT # P97000046456

AMUSEMENT ASSOCIATION OF AMERICA, INC.

Principal Place of Business

5822 DORY WAY

FORD DODY WALL

## **FILED** Feb 10, 1999 8:00am **Secretary of State**

02-10-1999 90036 004 \*\*\*150.00



TAMPA FL :	33615-3632	TAMPA FL 33615-3632						
					DO NO	WRITE IN THIS SPACE	· <b>c</b>	
					3. Date Incorporated or Qu	alifed	<del></del>	
2. Principa	Place of Business	2a Mailian Add			05/27/1997			
21		2a. Mailing Address	F-7 .		4. FEI Number		A======	
Suite, Apt. #, etc.		26	<del></del>		59-3449724	<del> -</del>	Applied For	_
		Suite, Apt. #, etc.			F. O. W.	***	Not Applicable	e
City & State		27 City 8 Ct 4	<del></del>		5. Certificate of Status Desired.   \$8.75 Additional  Fee Required:			
23		City & State	<b>–</b>		6. Election Campaign Financing 65.00			
Zip	Country	28			Trust Fund Contribution			
24 -		<u> </u>	Zip Country		8. This corporation owes the current year Intangible			$\dashv$
	9. Name and Address of Currer	29	30		Personal Property Tax.			ľ
		III Registered Agent			10. Name and Address of N	ew Registered Agent		4
MA	HON, TIMOTHY K		];	81 Name				4
292	29 E COMMERCIAL BLVD	57.35	h	82 Street Add	ddross /D O. Bau Maria			
PENTHOUSE E				olicel Au	Street Address (P.O. Box Number is Not Acceptable)			
FT	LAUDERDALE FL 33308		[8	33	1947-4 2 3 1 1 2 4 2 5	one where were a trace many	### 1 # 11 12 1 12 12 12 12 12 12 12 12 12 12 1	4
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- C 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	X /		Į*	City		31 45 31 4	Zip Code	$\dashv$
Office or	t to the provisions of Sections 607.050; registered agent, or both, in the State of am familiar with, and accept the obligat	2 and 607.1508, Florida Statul	tes, the abo	Ve-named con	porotion at Land			1
agent. I a	c to the provisions of Sections 607.050; registered agent, or both, in the State ( am familiar with, and accept the obligat	of Florida, Such change was a	uthorized b	y the corporati	ion's board of directors. I hereby a	the purpose of changing	its registered	7
SIGNATURE	_	, , , , , , , , , , , , , , , , , , , ,	rida Statute	3S.	and the contract of the contra	cept the appointment as	3 registered	1
	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE	· Denistared 4		·			1
12.	OFFICERS AND	D DIRECTORS	13.	ent signature require	ed when reinstating)	DATE	<del></del>	
TITLE	UP	☐ DELETE	1.1 TITLE		ADDITIONS/CHANGES TO	OFFICERS AND DIREC	TORS IN 12	1.
NAME	SANSCARTIER, MICHEL		1.2 NAME	ſ	TH \$140724	☐ Chang		1
STREET ADDRESS	5822 DORY WAY							1
CITY-ST-ZIP	TAMPA FL 33615-3632			ET ADDRESS				1 3
TITLE	DVS	☐ DELETE	1.4 CITY-1	ST-ZIP				
NAME	PERRON, MARC D		2.1 TITLE	ľ		☐ Chang	ge Addition	8
STREET ADDRESS	5822 DORY WAY		2.2 NAME	ł				
CITY-ST-ZIP	TAMPA FL 33615-3632		2.3 STREE	TADDRESS		•	.	
TITLE	7.1.1.1.2.00010-3032		2. 4 CITY-	ST-ZIP			ļ	ļ
AME,		☐ DELETE	3.1 TITLE			☐ Change	A DARW	_
TREET ADDRESS	(新名称文) (1973) (1974) (1974)		3.2 NAME	}		Criange	e 🔲 Addition	
CITY-ST-ZIP	Market III II.		3.3 STREET	ADDRESS			1	
ITLE			3.4. CITY-S	T-ZIP	1 Andre 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(四)通過超過的概要分割	Trans North	
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AME			4.2 NAME		7 (1) 1 (2)	Change	Addition	
TREET ADDRESS	-		4.3 STREET	Annece				
TY-ST-ZIP			4.4 CITY-ST					
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AME			5.2 NAME		e e e e e e e e e e e e e e e e e e e	☐ Change	☐ Addition	
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TY-ST-ZIP	±.₹		5.4 CITY-ST	1	the second series of			
LE		☐ DELETE	6.1 TITLE	-211	14.570		J	7
ME						☐ Change	☐ Addition	;-
REET ADDRESS			6.2 NAME					
Y-ST-ZIP	ili d		6.3 STREET A	ADDRESS			1	

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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: