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 # P97000104578

Corporation Name

FAMILY ENTERTAINMENT CENTERS HOLDING COMPANY, IN

Principal Place of Business								
234 WILLARD STREET								
COCOA FL 32922								

Mailing Address

234 WILLARD STREET COCOA FL 32922

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90069 007 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

						12/11/1997				
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For	
21		26				59-3483347		No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	. 0	\$8.75 / Fee Re		
City & State		City & State				6. Election Campaign Financi		\$5.00	May Be	
	•	28	,			Trust Fund Contribution	'9 🗆	Added		
23 28 Zip Country Zip				ntry		8. This corporation owes the	urrent vear	Intangible		
·	25	· _	30			Personal Property Tax.	anon you	Yes	□No	
24		<u>vi</u>			10. Name and Address of Ne	w Registere	d Agent			
-	9. Name and Address of Current	Registered Agent		81	Name					
PRESCOTT, ALAN										
			82 Street Address (P.O. Box Number is Not Acceptable)							
	Willard Street Oa Fl 32922			83						
000	OATE OESEE			03				•	}	
	•			84	City			. 85 Zip	Code	
					•		F	_		
office or r agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State or m familiar with, and accept the obligati	of Florida. Such change was aut	thorized	I DV I	ine corpor	orporation submits this statement for ation's board of directors. I hereby a	the purpose cept the app	of changing its pointment as re	registered gistered	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: F	Registered	Agent	signature req	uired when reinstating)	DATE			
12.	OFFICERS ANI	D DIRECTORS	13.			ADDITIONS/CHANGES TO	OFFICERS	AND DIRECTO	DRS IN 12	
TITLE	D							Change	☐ Addition	
NAME	PRESCOTT, ALAN	RESCOTT, ALAN			2 NAME					
STREET ADDRESS	COA MARILLAND CTOEFT			REET.	ADDRESS					
	COCOA FL 32922			14 CITY-ST-ZIP					1	
CITY-ST-ZIP	D DELETE			2.1 TITLE				☐ Change	☐ Addition	
				ME						
NAME	PRESCOTT, SEAN								{	
STREET ADDRESS	234 WILLARD STREET		2.3 STREET ADDRESS					•		
CITY-ST-ZIP	COCOA FL 32922			ITY-\$1	T-ZIP			☐ Change	Addition	
TITLE	, ·	☐ DELETE	3.1 TF					□ Criange		
NAME				WE					ļ	
STREET ADDRESS	•		3.3 ST	REET	ADDRESS					
CITY-ST-ZIP			3.4. C	ITY-\$1	T-ZIP					
TITLE	☐ DELETE 4:			TLE				☐ Change	☐ Addition	
NAME			4.2 N	AME	1				l	
STREET ADORESS			4.3 \$1	REET	ADDRESS					
CITY-ST-ZIP			4.4 CI	TY-ST	-ZIP					
TITLE		DELETE	5.1 TF	ΠE			_	☐ Change	Addition	
NAME			5.2 NA	ME					}	
STREET ADDRESS			5.3 ST	REET	ADDRESS					
			5.4 Cl	TY-ST	r-ziP				Ì	
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TT		+			☐ Change	Addition	
			6.2 N	AME					_	
NAME		•	E .		ADDRESS					
STREET ADDRESS										
CITY-ST-ZIP			6.4 CI	TY-ST	-210	- Castian 440 07(2VI) Florida Statut			information	

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 supplementary 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 affactment with an address, with all other like empowered.

SIGNATURE:

NATURE NO PER PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4.2-99

407 638 4009

Daytime Phore

CR2F034 (11/98)