

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
FILED

95 MAY - 1 11 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
ANDREW B. MANNING
Secretary of State
Tallahassee, Florida 32301

DOCUMENT # **P17113** (2)

1. Corporation Name
T2 MEDICAL, INC.

Principal Office of Business: **1121 ALDERMAN DR ALPHARETTA GA 30202**

Mailing Address: **1121 ALDERMAN DR ALPHARETTA GA 30202**

2. Principal Office of Business: **21**

2a. Mailing Address: **26**

3. State Apt # etc: **22**

3a. State Apt # etc: **27**

4. City & State: **23**

4a. City & State: **28**

5. Zip: **24**

5a. Zip: **29**

6. Country: **30**

3. Date Incorporated or Received: **01/11/1988**

3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59-2405366**

5. Certificate of Status: **\$8.75 Additional Fee Required**

6. Election Campaign Financing: **\$5.00 May Be Added to Fees**

7. This corporation has liability for intangible tax under § 199.032, Florida Statutes. Yes No

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81. Name: _____

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

83. _____

84. City: _____

85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.06(2) and 607.15(8), 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 service with and accept the obligations of Section 607.06(2), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (2)	
12.1 NAME CARTER, TOMMY H. 1121 ALDERMAN DR ALPHARETTA GA	12.2 TITLE PD	13.1 NAME PATRICK J. FORTUNE 1125 17TH STREET, STE. 1500 DENVER, CO 80202	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12.3 NAME LARSON, SCOTT T. 1121 ALDERMAN DR ALPHARETTA GA	12.4 TITLE VD	13.2 NAME SAM R. LENO 1125 17TH STREET, STE. 1500 DENVER, CO 80202	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12.5 NAME KOLLEDA, BRUCE A. 1121 ALDERMAN DR ALPHARETTA GA	12.6 TITLE STD	13.3 NAME RICHARD SMITH 1125 17TH STREET, STE 1500 DENVER, CO 80202	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12.7 NAME TROTMAN, STANLEY, S 1121 ALDERMAN DR ALPHARETTA GA	12.8 TITLE D	13.4 NAME JAMES M. SWEENEY 1125 17TH STREET STE. 1500 DENVER, CO 80202	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12.9 NAME SMITH, ANTHONY, C 1121 ALDERMAN DR ALPHARETTA GA	12.10 TITLE D	13.5 NAME _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.11 NAME _____	12.12 TITLE _____	13.6 NAME _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.02, Florida Statutes. I further certify that the information included 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 Article 12 of the corporation's charter or in an instrument with an address.

SIGNATURE: *Richard M Smith* RICHARD M SMITH VICE PRESIDENT, TREASURY & TAX 4/24/95 303 292 4973

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

DEPARTMENT OF
ADMINISTRATIVE SERVICES
1995



OFFICE OF REVENUE
TALLAHASSEE, FLORIDA

DOCUMENT # **P17171 (0)**

TIME-OUT FAMILY AMUSEMENT CENTERS, INC.

CHARTERED
TALLAHASSEE, FLORIDA

Principal Office Location: **501 N. BROADWAY ST. LOUIS MO 63102 US**
 Mailing Office: **P.O. BOX 1445 SAINT LOUIS MO 63178-4445 US**

2. Principal Office City: **ST. LOUIS**
 21. State: **MO**
 22. County: **ST. LOUIS**
 23. City: **ST. LOUIS**
 24. State: **MO**
 25. County: **ST. LOUIS**
 26. Mailing Office: **P.O. Box 14445**
 27. Mailing Office City: **ST. LOUIS**
 28. Mailing Office State: **MO**
 29. Mailing Office County: **ST. LOUIS**
 30. Mailing Office City: **ST. LOUIS**

3a. Date of Incorporation: **12/11/1987**
 3b. Date of Last Report: **04/27/1994**
 4. FEI Number: **13-2708237**
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
 7. This corporation has liability for intangible tax under § 199(2)(a) Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:
**THE PRENTICE HALL CORPORATION
 110 N MAGNOLIA ST
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent:
 81. Name:
 82. Street Address (P.O. Box Number is Not Acceptable):
 83. City:
 84. City: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 883.02(2), and 883.15(8) 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. Tax to 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 obligation of Sections 883.02(2), Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

12a. NAME	PD HALLIDAY, ANDREW
12b. STREET ADDRESS	501 N BROADWAY
12c. CITY	ST LOUIS MO
12d. NAME	TD WEEKS, LEE
12e. STREET ADDRESS	501 N BROADWAY
12f. CITY	ST LOUIS MO
12g. NAME	SD SACHS, ALAN
12h. STREET ADDRESS	501 N BROADWAY
12i. CITY	ST LOUIS MO
12j. NAME	D SNEIDER, MARTIN
12k. STREET ADDRESS	501 N BROADWAY
12l. CITY	ST LOUIS MO
12m. NAME	V MCCAIN, THOMAS
12n. STREET ADDRESS	501 N BROADWAY
12o. CITY	ST LOUIS MO

13. ADDITIONAL CHANGE TO OFFICERS AND DIRECTORS IN 12

13a. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add
13b. STREET ADDRESS		
13c. CITY		
13d. NAME	DAVID COWPER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
13e. STREET ADDRESS		
13f. CITY		
13g. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add
13h. STREET ADDRESS		
13i. CITY		
13j. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add
13k. STREET ADDRESS		
13l. CITY		
13m. NAME	DIRECTOR KUMM ALAN MILLER 501 N BROADWAY ST LOUIS MO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
13n. STREET ADDRESS		
13o. CITY		

14. I hereby certify that the information supplied with this filing is accurately furnished and is true and equal, for the reasons stated in Sections 883.02(2) Florida Statutes. I further certify that the information is to be filed in the public report or reports that annual reports to be made and that the corporation shall have this same reported in its annual report for the year ending on the date of filing of this report. I am familiar with and accept the obligation of Sections 883.02(2), Florida Statutes, and that the information appears on the public file. I do hereby certify and consent with my officers.

SIGNATURE: *Thomas McCain*
 SIGNATURE AND TITLE OF INDIVIDUAL NAME OF REGISTERED OFFICER OR DIRECTOR
Thomas McCain

4/21/95 JIN 331.7518