

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F95000005429 (4)
 1. Corporation Name
ADVENTURE GOLF & GAMES, INC.



Principal Place of Business: **4825 BLANDING BLVD JACKSONVILLE FL 32210 US**
 Mailing Address: **305 W 4TH ST STE 200 WINSTON-SALEM NC 27101 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country

3. Date Incorporated or Qualified: **11/06/1995**

4. FEI Number: **13-3856515**
 Applied For: Not Applicable

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**UNITED CORPORATE SERVICES, INC.
 801 NORTHWEST 167TH STREET, STE. 300
 NORTH MIAMI BEACH FL 33162**

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

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		
TITLE	C	<input type="checkbox"/> DELETE
NAME	LEVINSON, RANDOLPH	
STREET ADDRESS	120 EAST 56TH STREET, STE. 835	
CITY-ST-ZIP	NEW YORK NY	
TITLE	P	<input type="checkbox"/> DELETE
NAME	LINVILLE, ROGER	
STREET ADDRESS	305 W 4TH ST, STE 2D	
CITY-ST-ZIP	WINSTON SA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WOODBURN, HENRY D.	
STREET ADDRESS	2315 BEACH BLVD, STE 102	
CITY-ST-ZIP	JACKSONVILLE BCH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	RINE, MARK	
STREET ADDRESS	305 W 4TH ST, STE 2D	
CITY-ST-ZIP	WINSTON SALEM NC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRIFF, DOUG	
STREET ADDRESS	% NICKELODEON, 1515 BROADWAY	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCKEE, ROBERT	
STREET ADDRESS	120 E 65TH, STE 835	
CITY-ST-ZIP	NEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	President, CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Robert J. Steele	
1.3 STREET ADDRESS	305 W. 4th St, Ste 2D	
1.4 CITY-ST-ZIP	Winston-Salem NC 27101	
2.1 TITLE	Vice President, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Roger Linville	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	J. Oliver Maggard	
3.3 STREET ADDRESS	505 Park Ave, Ste 1700	
3.4 CITY-ST-ZIP	New York, NY 10022	
4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Nina McLemore	
4.3 STREET ADDRESS	505 Park Ave, Ste 1700	
4.4 CITY-ST-ZIP	New York, NY 10022	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 officer or director of the corporation or the incorporator or organizer 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 the statement with an address.

SIGNATURE _____ **Robert A. Linville** **4/22/98 336-121-0022**

CR2E034 (10/97)