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Jan 16 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 # 348182

(7)

1. Corporation Name
GAME LAND COMPANY, INC.

Principal Place of Business
10106 NW 52ND TERRACE
MIAMI FL 33178
US

Mailing Address
10106 NW 52ND TERRACE
MIAMI FL 33178-2809
US



3. Date Incorporated or Qualified 06/18/1969
3a. Date of Last Report 01/24/1996

4. FEI Number 59-1262856
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. 25.

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip Country

29. 30.

9. Name and Address of Current Registered Agent

LOCOCO, DAVID V.
10106 NW 52ND TERRACE
MIAMI FL 33178

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, 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 of officer or director, or both, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME LOCOCO, DAVID V.
STREET ADDRESS 10106 NW 52ND TERRACE
CITY - ST - ZIP MIAMI FL

TITLE VD ☐ DELETE

NAME DELVECCHIO, EMIL J.
STREET ADDRESS 830 NE 131ST ST
CITY - ST - ZIP NORTH MIAMI FL

TITLE VD ☐ DELETE

NAME ANDERSEN, BETTE
STREET ADDRESS 315 NE 122ND ST
CITY - ST - ZIP NORTH MIAMI FL

TITLE SD ☐ DELETE

NAME CASERTA, GUIDO T.
STREET ADDRESS 4000 NW 2ND AVE
CITY - ST - ZIP MIAMI FL

TITLE TD ☐ DELETE

NAME CASERTA, GUIDO T.
STREET ADDRESS 4000 NW 2ND AVE
CITY - ST - ZIP MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 if changed, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January - 1997 - 477-2345

CR2E034 (9/96)