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FILED

Jan 29 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 # 612266 (7)

1. Corporation Name
COURT GAMES, INC.

Principal Place of Business

Mailing Address

C/O RYAN AND MARKS
3000-8 HARTLEY ROAD
JACKSONVILLE FL 32257

C/O RYAN AND MARKS
3000-8 HARTLEY ROAD
JACKSONVILLE FL 32257-6293



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

03/09/1979

02/21/1996

4. FEI Number

Applied For

58-2637055

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

10. Name and Address of New Registered Agent

RYAN, WILLIAM B., JR., ESQ
3000-8 HARTLEY ROAD
JACKSONVILLE FL 32257

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|-----------------|-----------------------|---------------------------------|
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | FREYBE, HARALD | |
| STREET ADDRESS | 517 SW 11TH COURT | |
| CITY - ST - ZIP | PALM CITY FL | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | SACK, ALVIN L | |
| STREET ADDRESS | 1707 HICKS DRIVE | |
| CITY - ST - ZIP | VIENNA VA | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | CAPARELLI, RICHARD F | |
| STREET ADDRESS | 1 STIRRUP TRAIL | |
| CITY - ST - ZIP | PAWLING NY | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | PARHAM, WILLIAM L J | |
| STREET ADDRESS | 3804 LT NICHOLS CT | |
| CITY - ST - ZIP | FAIRFAX VA | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | WHITE, NESTOR D. | |
| STREET ADDRESS | 2655 LOOPRIDGE DR. | |
| CITY - ST - ZIP | ORANGE PARK FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | HOLDSTEIN, WALLACE W. | |
| STREET ADDRESS | 1167 EXECUTIVE COVE | |
| CITY - ST - ZIP | JACKSONVILLE FL | |

| | |
|---------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | 34990 |
| 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | 22182 |
| 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | 12564 |
| 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | 22033 |
| 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | 32065 |
| 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | 32259 |

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 on an attachment with an address.

SIGNATURE:

Alvin L. Sack
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALVIN L. SACK 1/28/97
Date

703 446 6041 x156
Daytime Phone #

CR2E034 (9/96)