


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

FILED

Jan 28 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 612266 (7)</b>					
1. Corporation Name <b>COURT GAMES, INC.</b>					

Principal Place of Business <b>C/O RYAN AND MARKS 3000-8 HARTLEY ROAD JACKSONVILLE FL 32257</b>	Mailing Address <b>C/O RYAN AND MARKS 3000-8 HARTLEY ROAD JACKSONVILLE FL 32257</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>03/09/1979</b>	
4. FEI Number <b>59-2637055</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. <b>\$5.00 May Be Added to Fees</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>RYAN, WILLIAM B., JR., ESQ 3000-8 HARTLEY ROAD JACKSONVILLE FL 32257</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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 re-stating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	TD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FREYBE, HARALD			1.2 NAME			
STREET ADDRESS	517 SW 11TH COURT			1.3 STREET ADDRESS			
CITY-ST-ZIP	PALM CITY FL			1.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SACK, ALVIN L			2.2 NAME			
STREET ADDRESS	1707 HICKS DRIVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	VIENNA VA			2.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CAPARELLI, RICHARD F			3.2 NAME			
STREET ADDRESS	1 STIRRUP TRAIL			3.3 STREET ADDRESS			
CITY-ST-ZIP	PAWLING NY			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PARHAM, WILLIAM L J			4.2 NAME			
STREET ADDRESS	3804 LT NICHOLS CT			4.3 STREET ADDRESS			
CITY-ST-ZIP	FAIRFAX VA			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WHITE, NESTOR D.			5.2 NAME			
STREET ADDRESS	2655 LOOPRIDGE DR.			5.3 STREET ADDRESS			
CITY-ST-ZIP	ORANGE PARK FL			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOLDSTEIN, WALLACE W.			6.2 NAME			
STREET ADDRESS	1167 EXECUTIVE COVE			6.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			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 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 in an attachment with an address.

SIGNATURE: *Alvin L. Sack* **ALVIN L. SACK** 1/12/98 203 448-6081 X152

CR2E034 (10/97)