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Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # 739967 (8)

1. Corporation Name

GOLDEN AGE GAMES, INC.

Principal Place of Business	Mailing Address
400 E. FIRST STREET BOX 1298 SANFORD FL 32771 US	400 E. FIRST STREET BOX 1298 SANFORD FL 32771 US

3. Date Incorporated or Qualified: 08/23/1977

4. FEI Number: 59-0440968 — ☐ 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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

~~KELLY, WANDA~~
400 EAST FIRST STREET
SANFORD FL 32771

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Yvette Hartsfield Co-Chairperson DATE: 1/15/98
(If changing Registered Agent, signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ED	☒ DELETE	1.1 TITLE	ED	☒ Change ☐ Addition
NAME	KELLY, WANDA		1.2 NAME	Ronald Rose	
STREET ADDRESS	400 EAST FIRST ST		1.3 STREET ADDRESS	400 E 1st St	
CITY-ST-ZIP	SANFORD FL		1.4 CITY-ST-ZIP	Sanford, FL	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KIRBY, MIKE		2.2 NAME		
STREET ADDRESS	300 N PARK AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FARNWORTH, TOM		3.2 NAME		
STREET ADDRESS	300 N PARK AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JONES, LISA		4.2 NAME		
STREET ADDRESS	300 N PARK AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	VONHERBULIS, BOBBY		5.2 NAME	Doug Sills	
STREET ADDRESS	2290 W AIRPORT BLVD		5.3 STREET ADDRESS	400 E 1st Street	
CITY-ST-ZIP	SANFORD FL		5.4 CITY-ST-ZIP	Sanford, FL	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HARTSFIELD, YVETTE		6.2 NAME		
STREET ADDRESS	300 N PARK AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Yvette Hartsfield Co-Chairperson 1/15/98 407-330-5697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0014408