- SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Hærris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 739967

1. Corporation Name

GOLDEN AGE GAMES, INC.

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

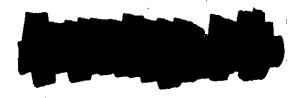
Mailing Address

400 E. FIRST STREET **BOX 1298** SANFORD FL 32771

FILED

00 AUG -7 PM 12: 25

SECRETARY OF STATE TALLAHASSEE, FLORIDA



- '	lace of Business	2a. Mailing Address		08/23/1977	
Suite, Apt.	# etc	Suite, Apt. #, etc.		4. FEI Number	Applied For
22	π, σιο.	27		59-0440968	Not Applicable
City & State	e	City & State			\$8.75 Additional
23		28		5. Certifcate of Status Desired	Fee Required
, Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 May Be
24	25	29 31	0	Trust Folia Contribution	Added to Fees
Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
KFILY WANDS Ronald Rose			81 Name	`.	
KELLY, WANDA		82 Street Address (P.O. Box Number is Not Acceptable)			
400 EAST FIRST STREET 400 EAST 17131 CM			83		
KELLY, WANDA 400 EAST FIRST STREET SANFORD FL 32771 Konald Rose HOD East First St. Sanford, FL 32771			. 83		
	GB (10)		84 City	F	85 Zip Code
					f changing its registered
=11. Pursuant to the provisions of Sections \$17,0502 and \$17,1578, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered of the purpose of changing its registered of the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered					
=11. Pursuant to the provisions of Sections \$17,0502 and \$17,1508. 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 ubligations of, Segtion 617,0503, Florida Statutes.					
SIGNATURE Signature: Speed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
TITLE	ED	DELETE	1.1 TITLE	ISTAIRS, HELEN	☐ Change Addition
NAME	ROSE, RONALD		1.2 NAME	101 W 1st street	
STREET ADDRESS	400 EAST FIRST ST	• • •	1.3 STREET ADDRESS	101 10	
CITY-ST-ZIP	SANFORD FL		1.4 C/TY-ST-ZIP	Sanford, Fi 32771	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KIRBY, MIKE		2.2 NAME	700003372	3274
STREET ADDRESS	300 N PARK AVE		2.3 STREET ADDRESS	-08/24/000	
CITY-ST-ZIP	'SANFORD' FL"		2.4 CITY-ST-ZIP		****297 . 50
TITLE	D	DELETE	3.1 TITLE	A CALCHARTH TAM	Change
NAME	FARNWORTH, TOM-		3.2 NAME	ARNSWORTH, TOM	
STREET ADDRESS	300 N PARK AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL		3.4. CITY-ST-ZIP		
TITLÉ	D	☐ DELETE	4.1 TITLE	,	☐ Change ☐ Addition
NAME	JONES, LISA		4. 2 NAME		\sim \sim
STREET ADDRESS	300 N PARK AVE		4.3 STREET ADDRESS	REINSTATEMENT	W/
CITY-ST-ZIP	SANFORD FL			FILLOIVIFILITIE	
TITLE	D	☐ DELETE	5.1 TITLE	•	Sharige Addition
NAME	SILLS, DOUG		5.2 NAME		
STREET ADDRESS	2290 W AIRPORT BLVD		5.3 STREET ADDRESS		SY
CITY-ST-ZIP	SANFORD FL	□ acter	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition
TITLE	D c	DELETE	6.2 NAME		∴ Change ∟ Addition
NAME	HARTSFIELD, YVETTE			•	
STREET ADDRESS	300 N PARK AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD 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 trusted 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 attactment with an address, with all otherwise empowered.

SIGNATURE