FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **F93000004441 (2)**

1. Corporation Name
GAMETEK, INC.

Principal Place of Business
2999 N.E. 191ST STREET
SUITE 500
NORTH MIAMI BEACH FL 33180
US

Mailing Address
2999 N.E. 191ST STREET
SUITE 500
NORTH MIAMI BEACH FL 33180
US

3. Date Incorporated or Qualified: **10/01/1993**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt #, etc. — 22
Suite, Apt #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: **65-0007710** — 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

9. Name and Address of Current Registered Agent
GAMTEK (FL), INC.
2999 N.E. 191ST STREET
SUITE 500
NORTH MIAMI BEACH FL 33180

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, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when resigning. DATE

12. OFFICERS AND DIRECTORS

TITLE	CEO	☒ DELETE
NAME	SCHWARTZ, IRWIN H	
STREET ADDRESS	2999 N.E. 191ST STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180	
TITLE	P	☒ DELETE
NAME	LOWRY, BRUCE H	
STREET ADDRESS	2999 N.E. 191ST STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180	
TITLE	V	☒ DELETE
NAME	CURRAN, ELIZABETH M	
STREET ADDRESS	2999 N.E. 191ST STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180	
TITLE	C	☐ DELETE
NAME	ANDERSON, R. LYNN	
STREET ADDRESS	2999 N.E. 191ST STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	D	☐ DELETE
NAME	BLUE, J. WILLIAM JR ESQ.	
STREET ADDRESS	C/O 100 EUROPA DRIVE, SUITE 550	
CITY-ST-ZIP	CHAPEL HILL NC 27514	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	CFO S	☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	CHAIRMAN	☐ Change ☒ Addition
6.2 NAME	JAMES D HARRIS	
6.3 STREET ADDRESS	4411 CHAPEL HILL BLVD	
6.4 CITY-ST-ZIP	DURHAM NC 27717	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: R Lynn Anderson 11/6/96 305 935 3995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)