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FILED
Apr 25 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 # F95000005429 (4)

1. Corporation Name
ADVENTURE GOLF & GAMES, INC.



Principal Place of Business

305 W 4TH ST. STE 200
WINSTON SALEM NC 27101
US

Mailing Address

305 W 4TH ST
STE 200
WINSTON-SALEM NC 27101-2849
US

2. Principal Place of Business

21 4325 Blanding Blvd

Suite, Apt. #, etc.

22

City & State

23 Jacksonville FL

Zip

24 32210

Country

25 Duval

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified
11/06/1995

3a. Date of Last Report
05/01/1996

4. FEI Number

13-3856515

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

UNITED CORPORATE SERVICES, INC.
801 NORTHWEST 187TH STREET, STE. 300
NORTH MIAMI BEACH FL 33162

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 of application

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C LEVINSON, RANDOLPH
120 EAST 56TH STREET, STE. 835
NEW YORK NY

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P LINVILLE, ROGER
305 W 4TH ST, STE 2D
WINSTON SA

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V WOODBURN, HENRY D.
2315 BEACH BLVD, STE 102
JACKSONVILLE BCH FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S RINE, MARK
305 W 4TH ST, STE 2D
WINSTON SALEM NC

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D GREIFF, DOUG
% NICKELODEON, 1515 BROADWAY
NEW YORK NY

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D MCKEE, ROBERT
120 E 65TH, STE 835
NEW YORK NY

☐ DELETE

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 ☐ 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 ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

MC KEE, ROBERT

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 in an attachment with an address.

SIGNATURE:

Mark A. Rine *Mark A. Rine* 4/21/97 3:21 PM

CR2E034 (9/96)