

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 03, 1999 8:00 am**  
**Secretary of State**

05-03-1999 90123 029 \*\*\*300.00

DOCUMENT # **F95000005429**

1. Corporation Name  
**ADVENTURE GOLF & GAMES, INC.**

Principal Place of Business  
**4825 BLANDING BLVD  
JACKSONVILLE FL 32210  
US**

Mailing Address  
**305 W 4TH ST  
STE 200  
WINSTON-SALEM NC 27101  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**11/06/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **2315 Beach Boulevard**

4. FEI Number  
**13-3856515**

Applied For  
☐ Not Applicable

22 City & State

27 Suite 201

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 Zip

28 **Jacksonville Beach, FL**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Country

29 **32250** 30 **U.S.A.**

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**UNITED CORPORATE SERVICES, INC.  
801 NORTHWEST 167TH STREET, STE. 300  
NORTH MIAMI BEACH FL 33162**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS **2315 Beach Blvd. Ste 201**  
1.4 CITY-ST-ZIP **Jacksonville Beach, FL 32250**

TITLE **VPD** ☐ DELETE  
NAME **LINVELLE, R**  
STREET ADDRESS **305 W 4TH ST, STE 2D**  
CITY-ST-ZIP **WINSTON SA**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME **J. Oliver Maggard**  
4.3 STREET ADDRESS **505 Park Ave, Ste 1700**  
4.4 CITY-ST-ZIP **New York, NY 10022**

TITLE **D** ☒ DELETE  
NAME **GRIFF, DOUG**  
STREET ADDRESS **% NICKELODEON, 1515 BROADWAY**  
CITY-ST-ZIP **NEW YORK NY**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 any attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/99**

Date

**(904) 249 1044**

Daytime Phone #

CR2E034 (11/98)