

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
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90204 023 ***150.00

DOCUMENT # F98000004614

1. Corporation Name
NETPLAY INTERNATIONAL, INC.

Principal Place of Business
1945 E. IRLO BRONSON HWY.
KISSIMMEE FL 34744

Mailing Address
1945 E. IRLO BRONSON HWY.
KISSIMMEE FL 34744

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/13/1998

4. FEI Number

59-3522496

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 3805 Silver Sp. Rd.
Suite, Apt. #, etc.

26
Suite, Apt. #, etc.

22 City & State
23 Ocala, Florida

27 City & State

24 34782 Zip Country
25 USA

28 Zip Country

30

9. Name and Address of Current Registered Agent

BOWERS, JOHN
1945 E. IRLO BRONSON HWY.
KISSIMMEE FL 34744

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME BOWERS, JOHN K
STREET ADDRESS 13103 MULBERRY PARK DR. #811
CITY-ST-ZIP ORLANDO FL 32821

TITLE V ☐ DELETE
NAME BOWERS, JASON C
STREET ADDRESS 5130 SW 6TH CT.
CITY-ST-ZIP MARGATE FL 32068

TITLE S ☐ DELETE
NAME MILLER, MEGAN
STREET ADDRESS 5283 IMAGES CIR.
CITY-ST-ZIP KISSIMMEE FL 34746

TITLE T ☐ DELETE
NAME NORTH, JOYCE
STREET ADDRESS 1132 RIO VIST BLVD.
CITY-ST-ZIP FT. LAUD FL 33316

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

John K Bowers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John K Bowers 4-20-99

Date

Daytime Phone #

352-369-3808

CR2E034 (11/98)

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