

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

FILED
May 12 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 # G13198 (8)
1. Corporation Name
GOODGAME INVESTMENTS, INC.



Principal Place of Business
C/O O STEPHEN THACKER
407 S EWING AVE
CLEARWATER FL 34616-5766
Mailing Address
C/O O STEPHEN THACKER
407 S EWING AVE
CLEARWATER FL 34616-5766

3. Date Incorporated or Qualified 12/14/1982
3a. Date of Last Report 03/21/1996

2. Principal Place of Business
21. ~~XXXXXXXXXX~~
22. ~~XXXXXXXXXX~~
23. ~~XXXXXXXXXX~~
24. ~~XXXXXX~~
25. ~~XXXXXX~~
26. ~~XXXXXXXXXX~~
27. ~~XXXXXXXXXX~~
28. ~~XXXXXXXXXX~~
29. ~~XXXXXX~~
30. ~~XXXXXX~~

4. FEI Number 59-2239868
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 [X] Yes [] No

9. Name and Address of Current Registered Agent
O STEPHEN THACKER, ESQ
407 S EWING AVE
CLEARWATER FL 34616

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code FL

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

Table with 5 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a checkbox for DELETE. Rows include GOODGAME, J. THOMAS JR. and GOODGAME, ELIZABETH K.

Table with 5 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP, and checkboxes for Change and Addition. Rows 1-6.

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 on an attachment with an address.

CR2E034 (9/96)