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Jan 27 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 # H34801 (1)
1. Corporation Name
GAME CONCESSIONS, INC.



Principal Place of Business Mailing Address
PO BOX 55 PO BOX 55
ORLANDO FL 32802 ORLANDO FL 32802-0055

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

3. Date Incorporated or Qualified 3a. Date of Last Report
12/18/1994 01/24/1996
4. FEI Number Applied For
59-2475796 Not Applicable
5. Certificate of Status Desired \$8.75 Additional
Fee Required
6. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution 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

STRATES, SUSAN M.
10600 S. ORANGE AVE
TAFT FL 32824

10. Name and Address of New Registered Agent

81 Name Magid, Susan Strates
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 PD
NAME STRATES, SUSAN M.
STREET ADDRESS 10600 S ORNGE AVE SR 527
CITY - ST - ZIP TAFT FL
TITLE S
NAME BEARD, KENNETH O.
STREET ADDRESS 10600 S ORNGE AVE SR 527
CITY - ST - ZIP TAFT FL
TITLE VP
NAME STRATES, JAMES E.
STREET ADDRESS 10600 S ORNGE AVE SR 527
CITY - ST - ZIP TAFT FL
TITLE SD
NAME STRATES, PHYLLIS R(AST S
STREET ADDRESS 10600 S ORNGE AVE SR 527
CITY - ST - ZIP TAFT FL
TITLE AS
NAME STRATES, SIBYL S.
STREET ADDRESS 10600 S ORNGE AVE SR 527
CITY - ST - ZIP TAFT FL
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE P D
1.2 NAME Magid, Susan Strates
1.3 STREET ADDRESS 10600 S. Orange Ave.
1.4 CITY - ST - ZIP Taft, FL 32824
2.1 TITLE S
2.2 NAME Strates, E. Jay
2.3 STREET ADDRESS 10600 S. Orange Ave.
2.4 CITY - ST - ZIP Taft, FL 32824
3.1 TITLE A S
3.2 NAME Strates, John E.
3.3 STREET ADDRESS 10600 S. Orange Ave.
3.4 CITY - ST - ZIP Taft, FL 32824
4.1 TITLE A S
4.2 NAME Strates, Phyllis R.
4.3 STREET ADDRESS 10600 S. Orange Ave.
4.4 CITY - ST - ZIP Taft, FL 32824
5.1 TITLE A S
5.2 NAME Doremus, Sibyl Strates
5.3 STREET ADDRESS 10600 S. Orange Ave.
5.4 CITY - ST - ZIP Taft, FL 32824
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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.

SIGNATURE:

E. Jay Strates

E. Jay Strates, Secretary

1-17-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)