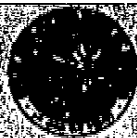


**PROXY
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Marchant
Secretary of State
DIVISION OF CORPORATIONS

FILED

1995 JUL 19 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J01171 (4)

1. Corporation Name
VIDEO GAME CENTERS, INC.

Principal Place of Business
**16115 S.W. 117TH AVENUE, SUITE 1
SUITE 320
MIAMI FL 33177-7000**

Mailing Address
**16115 S.W. 117TH AVENUE, SUITE 1
SUITE 320
MIAMI FL 33177-7000**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

3. Date Incorporated or Qualified

02/26/1986

3a. Date of Last Report

07/06/1994

4. FEI Number

59-2721079

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

**SHARP, BYRON
16115 SW 117 AVE., #A-1
MIAMI FL 33177**

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 then applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP**
NAME **SHARP, BYRON J.**
STREET ADDRESS **10364 SW 128TH TERRACE**
CITY - ST - ZIP **MIAMI FL**

TITLE **D**
NAME **SHARP, BEVERLY A.**
STREET ADDRESS **10364 SW 128TH TERRACE**
CITY - ST - ZIP **MIAMI FL**

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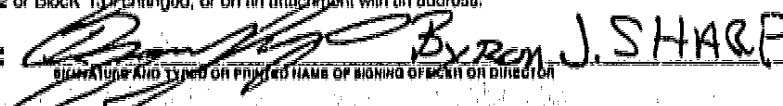
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SIGNATURE:

 **Byron J. SHARP**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-30-95

Daytime Phone #

305 2194141