

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J68741** (4)

1. Corporation Name

GAMES PEOPLE PLAY, INC.



Principal Place of Business

**390 N. ORANGE AVE
STE 1100
ORLANDO FL 32801
US**

Mailing Address

**390 N. ORANGE AVE
STE 1100
ORLANDO FL 32801
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified
04/20/1987

3a. Date of Last Report
03/17/1995

4. FEI Number
59-2875250

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**B&C CORPORATE SERV. OF CENTRAL FLA., INC
390 N. ORANGE AVE
STE 1100
ORLANDO FL 32801**

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 607.1506, 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 of person or persons who change the registered office or agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**D
TRABULSY, FLORENTINA
1820 HIDDEN PINE LN
APOPKA FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**P/S/T
TRABULSY, FLORENTINA
1820 HIDDEN PINE LN
APOPKA FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP
**P/S/T
Florentina Trabulsy
1820 Hidden Pine Lane
Apopka, Florida 32712**

☐ Change ☒ Addition

2. TITLE
2. NAME
2. STREET ADDRESS
2. CITY-STATE-ZIP
**S/T
Jennifer Lynn Brenner
1820 Hidden Pine Lane
Apopka, Florida 32712**

☐ Change ☐ Addition

3. TITLE
3. NAME
3. STREET ADDRESS
3. CITY-STATE-ZIP

☐ Change ☐ Addition

4. TITLE
4. NAME
4. STREET ADDRESS
4. CITY-STATE-ZIP
**500001822435
-05/15/96--01050--021
***225.00**

☐ Change ☐ Addition

5. TITLE
5. NAME
5. STREET ADDRESS
5. CITY-STATE-ZIP

☐ Change ☐ Addition

6. TITLE
6. NAME
6. STREET ADDRESS
6. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or successor 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:

Florentina Trabulsy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/96

862-3521

CR2E034 (12/95)