EILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00



Katherine Harris

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00					FILED		
COR ANNU	PROFIT PORATION JAL REPORT	Katherine Secretary	A DEPARTMENT OF STATE Katherine Harris Secretary of State ION OF CORPORATIONS			Apr 29, 1999 8:00 am Secretary of State	
DOCUN 1. Corporation	MENT # L41325 ARCADE, INC.						
Principal Place	ST.	Mailing Address 400 E. SOUTH ST. SUITE 500	00 E. SOUTH ST.			DO NOT WRITE IN THIS SPACE	
ORLANDO FL 3:		ONLANDO PL SEGOI				3. Date Incorporated or Qualifed 01/04/1990	
21	ace of Business	2a. Mailing Address 26 Suite, Apt. #, etc.				4. FEI Number Applied For 59-3042662 Not Applicable \$8.75 Additional	
Suite, Apt. : 22 City & State		27 City & State				5. Certifcate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be	
Zip	Country	Zip	Coun	Country		Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. Yes No	
24	9. Name and Address of Curr		<u>, , , , , , , , , , , , , , , , , , , </u>			10. Name and Address of New Registered Agent	
SUIT ORL	egistered agent, or both, in the Stat m familiar with, and accept the obli	e of Florida. Such change was aut gations of, Section 607.0505, Florid	s, the ab thorized da Statu	83 Cove-na by the tes.	ity amed co corpora	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered	
12.	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE: F	13.	Agent sigi	nature requ	aured when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS	S DELETE ROSE, LYNN E 400 EAST SOUTH STREET, SUITE 500		1.1 TITL 1.2 NAM		DRESS	☐ Change ☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	ORLANDO FL DCEO SENEFFE, JAMES M J 400 E SOUTH ST #500	☐ DELETE	2.1 TITI 2.2 NAJ			D/C/CEO \(\times\) Change \(\sum \) Addition Seneff, Jr., James M.	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	ORLANDO FL PTD BOURNE, ROBERT A. 400 E SOUTH ST #500	☐ DELETE	3.1 TITI 3.2 NAI 3.3 STF	ME REET ADO	DRESS	☐ Change ☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	ORLANDO FL	☐ DELETE	4.1 TITI 4. 2 NA 4.3 STF	ME REET ADI	DRESS	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS		☐ DELETE	5.1 TITI 5.2 NAI 5.3 STF	ME REET ADI	DRESS	☐ Change ☐ Addition	
CITY-ST-ZIP TITLE NAME		☐ DELETE	6.1 TITI 6.2 NAI			☐ Change ☐ Addition	

6.4 CFTY- ST- ZIP 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, of on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS

407-650-1000