FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY 23 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L68866** **(7)**

1. Corporation Name
COMPUTER AMUSEMENTS, INC.

Principal Place of Business	Mailing Address
% H EDWARD JONES CPA 3230 W. COMMERCIAL BLVD., SUITE 150 FT LAUDERDALE FL 33309 US	% H EDWARD JONES CPA 3230 W. COMMERCIAL BLVD., SUITE 150 FT LAUDERDALE FL 33309 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/27/1990**
3a. Date of Last Report: **03/21/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
ZIP — 24 / 29
County — 25 / 30

4. FEI Number: **59-3054847** ☐ 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 already filed estimated tax under s. 220.222, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

JONES, H EDWARD
3230 W. COMMERCIAL BLVD.
SUITE 150
FT LAUDERDALE FL 33309

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 607.0501 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

(If changing Registered Agent, this must be signed by the New Registered Agent. If changing Registered Agent or Registered Office, this must be signed by an officer or director.)

12. OFFICERS AND/OR DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS	
91 TITLE	D	91 TITLE	☐ Change ☐ Addition
92 NAME	BOSANAC, STEVE	92 NAME	
93 STREET ADDRESS	871 SE 14TH AVE	93 STREET ADDRESS	
94 CITY-ST-ZIP	DEERFIELD BEACH FL	94 CITY-ST-ZIP	
101 TITLE	D	101 TITLE	☐ Change ☐ Addition
102 NAME	MCAULEY, MAUREEN	102 NAME	
103 STREET ADDRESS	871 SE 14TH AVE	103 STREET ADDRESS	
104 CITY-ST-ZIP	DEERFIELD BEACH FL	104 CITY-ST-ZIP	
111 TITLE		111 TITLE	☐ Change ☐ Addition
112 NAME		112 NAME	
113 STREET ADDRESS		113 STREET ADDRESS	
114 CITY-ST-ZIP		114 CITY-ST-ZIP	
121 TITLE		121 TITLE	☐ Change ☐ Addition
122 NAME		122 NAME	
123 STREET ADDRESS		123 STREET ADDRESS	
124 CITY-ST-ZIP		124 CITY-ST-ZIP	
131 TITLE		131 TITLE	☐ Change ☐ Addition
132 NAME		132 NAME	
133 STREET ADDRESS		133 STREET ADDRESS	
134 CITY-ST-ZIP		134 CITY-ST-ZIP	
141 TITLE		141 TITLE	☐ Change ☐ Addition
142 NAME		142 NAME	
143 STREET ADDRESS		143 STREET ADDRESS	
144 CITY-ST-ZIP		144 CITY-ST-ZIP	

14. I/We hereby certify that the information indicated with the filing is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: STEVE BOSANAC 5-17-95 3056980654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0219602 CP