SEP-29-1999 11:19 FROM 04-12-1999 90040 004 150.00 7339261 P.03

FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 OCT -5 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L68866

1. Corporation Name
COMPUTER AMUSEMENTS, INC.

Principal Place of Business	Mailing Address
9469 WEST ATLANTIC BLVD CORAL SPGS FL 33071 US	BOSANAC, STEVE 871 SE 14TH AVE DEERFIELD BCH FL 33441 US

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 04/27/1990

4. FEI Number: 59-3054947 — ☐ 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

7. This corporation owns the current year tangible Personal Property Tax. ☐ Yes ☐ No

8. Name and Address of Current Registered Agent:
TRI STAR ACCOUNTING
3300 N MILITARY TRAIL SUITE 201
BOCA RATON FL 33431

10. Name and Address of New Registered Agent:
31 H. EDWARD JONES CPA
32 (Street Address & P.O. Box Number of this Corporation) 3250 WEST COMMERCIAL BLVD
33 Suite 150
34 City Ft. Lauderdale 35 FL 36 Zip Code 33309

11. Pursuant to the provisions of Sections 607.0501 and 617.1501, Florida Statutes, the undersigned 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: H. EDWARD JONES 9/30/99

12. OFFICERS AND DIRECTORS			13. ADDITION/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	BOSANAC, MAUREEN		42 NAME		
STREET ADDRESS	871 SE 14TH AVE		43 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL		44 CITY-ST-ZIP		
TITLE	D	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	BOSANAC, STEVE		52 NAME		
STREET ADDRESS	871 SE 14TH AVE		53 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL		54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		
TITLE		☐ DELETE	71 TITLE		☐ Change ☐ Addition
NAME			72 NAME		
STREET ADDRESS			73 STREET ADDRESS		
CITY-ST-ZIP			74 CITY-ST-ZIP		
TITLE		☐ DELETE	81 TITLE		☐ Change ☐ Addition
NAME			82 NAME		
STREET ADDRESS			83 STREET ADDRESS	TS	
CITY-ST-ZIP			84 CITY-ST-ZIP		

CR2E024 (11/95)

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, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 9/30/99 954-421-0654

TOTAL P.03