OW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1994-95

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED (LOST FORM)

1995 APR 25 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Corporation Name: GAMES 4 U , INC.

DOCUMENT # L97670 SEC(8)

500001407955
-04/28/95--01037--005
****200.00

DO NOT WRITE IN THIS SPACE

Mailing Address
8209 NORTH PINE ISLAND ROAD
SUITE 190
TAMARAC FL 33321

Principal Place of Business
8209 NORTH PINE ISLAND ROAD
SUITE 190
TAMARAC FL 33321

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

3. Date Incorporated or Qualified: 09/05/1990	Date of Last Report: 05/01/1993
21 Mailing Address	26 Principal Place of Business
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

4. FEI Number: 65-0216365 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired: $8.75 Additional Fee Required ☐

7. Nonprofit Exempt from $138.75 Supplemental Fee ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

Name and Address of Current Registered Agent

CARSON, BRUCE E.
8207 NW 85 AVE
TAMARAC FL 33321

10. Name and Address of New Registered Agent

81 Name
82 Street (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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

1.1 TITLE	P/S/D
1.2 NAME	CARSON, BRUCE E.
1.3 STREET ADDRESS	8207 NW 85 AVE
1.4 CITY-ST-ZIP	TAMARAC FL
2.1 TITLE	V/T/D
2.2 NAME	WINKEL MORTON
2.3 STREET ADDRESS	8547 NW 77 ST
2.4 CITY-ST-ZIP	TAMARAC FL
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

13.

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	JWA
6.2 NAME	
6.3 STREET ADDRESS	4-25
6.4 CITY-ST-ZIP	

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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE(S): x Bruce Carson Title Date x 4/17/95

963-7555