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Feb 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N95000003974 (1)

1. Corporation Name
INNER-CITY GAMES OF ORLANDO, INC.



Principal Place of Business Mailing Address
1414 N. ORANGE AVE. ORLANDO FL 32804
1414 N. ORANGE AVE. ORLANDO FL 32804-6438

3. Date Incorporated or Qualified 08/17/1995
3a. Date of Last Report 05/21/1996

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number 59-3313614
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

10. Name and Address of New Registered Agent

ROUSH-BURNETT, JEAN A
400 S. ORANGE AVE.
ORLANDO FL 32801

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 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 617.0503, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when relating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE D DELETED
12.2 NAME EARL, ROBERT
12.3 STREET ADDRESS 7380 SAND LAKE RD., STE 650
12.4 CITY-ST-ZIP ORLANDO FL 32819
12.5 TITLE OD DELETED
12.6 NAME SNEAD, PAUL
12.7 STREET ADDRESS 400 W ROBINSON-SUITE 430
12.8 CITY-ST-ZIP ORLANDO FL 32801
12.9 TITLE D DELETED
12.10 NAME HOOD, GLENDA E
12.11 STREET ADDRESS 400 S. ORANGE AVE.
12.12 CITY-ST-ZIP ORLANDO FL 32801
12.13 TITLE OD DELETED
12.14 NAME PATEL, VIPUL
12.15 STREET ADDRESS 200 S ORANGE AVENUE
12.16 CITY-ST-ZIP ORLANDO FL 32801
12.17 TITLE DELETED
12.18 NAME
12.19 STREET ADDRESS
12.20 CITY-ST-ZIP
12.21 TITLE DELETED
12.22 NAME
12.23 STREET ADDRESS
12.24 CITY-ST-ZIP

13.1 TITLE
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY-ST-ZIP
13.5 TITLE
13.6 NAME
13.7 STREET ADDRESS
13.8 CITY-ST-ZIP
13.9 TITLE
13.10 NAME
13.11 STREET ADDRESS
13.12 CITY-ST-ZIP
13.13 TITLE
13.14 NAME
13.15 STREET ADDRESS
13.16 CITY-ST-ZIP
13.17 TITLE
13.18 NAME
13.19 STREET ADDRESS
13.20 CITY-ST-ZIP

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-97

CP2E037 (9/96)