## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

P92000003683 (9)

DOCUMENT #

1. Corporation Name GAME GEAR, INC.

Mailing Address Principal Place of Business 5327 LANYARD COURT 5327 LANYARD COURT



WINTER PARI		WINTER PARK FL 32792							
						3. Date Incorporated or Qualified 11/05/1992	3a. Date of 08/	Last Re 14/19	•
2. Principal Plac	ce of Business	2a. Mailing Address				4. FEI Number	<u> </u>	_	Applied For
11		26				59-3149844		<del></del>	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		• -	Additional Required	
City & State		City & State				Election Campaign Financing     Trust Fund Contribution			O May Be d to Fees
Zip	Country	Zip	C	ountry		8. This corporation has liability for i	intangible tax ι	ınder s	199.032,
4	25	29	30			Florida Statutes	<b>₩</b> No		
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New R	egistered Ag	ent	
				81	Name	gmë			
BOWEN, GARY L				82					
5327 LA			B3						
WINTER									
				84	City			85 Z	ρ Code
						oration submits this statement for the pur	FL	1	
SIGNATURE	signature, typed or printed han n of registered egont					oxation submits this statement to the pull and of directors. I hereby accept the apported when renstating!	DATE		
12.	OFFICERS AN		13	3.		ADDITIONS/CHANGES TO OFF			
TITLE	D	☐ DELETE	1.	1 TITLE				Change	Addition
NAME	BOWEN, GARY L		1.2	NAME	}				
STREET ADDRESS	5327 LANYARD COURT		13	STREE	ADDRESS				
CITY - ST - ZIP	WINTER PARK FL 32792			4 CITY -	ST-ZIP			Channa	FT Addition
THLE	D	☐ DELETE		1 TITLE			Ļ	Change	Addition Addition
NAME	BOWEN, MARY M			2 NAME					
STREET ADDRESS	5327 LANYARD COURT				T ADDRESS		٠.		
CITY-ST-ZIP	WINTER PARK FL 32792	☐ DELETE		4 CITY- 1 TITLE	S1 - ZIP			Change	☐ Addition
11/1.6		□ Dettert		2 NAME	ĺ				
NAME CURSULADDRESS			•		T ADDRESS				
STREET ADDRESS				4 CITY-					
CITY-ST-ZIP TITLE		DELETE		1 TITLE	1			Change	Addition
NAME			4.3	2 NAME					
STREET ADDRESS			43	3 STREE	T ADDRESS				
CITY-ST-ZIP			4.4	4 CITY-	ST-ZIP				
TITLE		☐ DELETE	5	1 TITLE				Change	Addition
NAME			5	2 NAME					
STREET ADDRESS			5	3 STREE	T ADDRESS				
CITY-ST-ZIP			5	4 CITY -	ST - ZIP				
TITLE		☐ DELETE	6	1 TITLE				Change	☐ Addition
NAME			6	2 NAME	ł				
STREET ADDRESS			6	3 STREE	T ADDRESS				
C(1Y - ST - Z(P				4 CITY-			03/0/11 55 1	d= 0+-1	den Marker
	the state of the s	with this files is voluntarily for	roighad ar	nd da	an mat awalik	for the exemption stated in Section 110	COURNA FIORIC	12 State	mac I turther

14. 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)kl). 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 cath; 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.

SIGNATURE:

4/26/96 Deliv