FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

APPROVED AND FILED
96 MAY 10 PM 6:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000030298 (2)

1. Corporation Name
HIGH SEAS GAMES, INC.

Principal Place of Business	Mailing Address
4691 NORTH UNIVERSITY DRIVE SUITE 366 CORAL SPRINGS FL 33067	4691 NORTH UNIVERSITY DRIVE SUITE 366 CORAL SPRINGS FL 33067

3. Date Incorporated or Qualified: 04/20/1993
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business — 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / Country 25

2a. Mailing Address — 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

4. FEI Number: 65-0415576 ☐ 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

GILES, GARY L
181 N.W. 78TH AVENUE
MARGATE FL 33063

10. Name and Address of New Registered Agent

81 Name: GILES, Gary L.
82 Street Address (P.O. Box Number is Not Acceptable): 10751 N.W. 17 MANOR
83
84 City: CORAL SPRINGS FL 85 Zip Code: 33071

11. Pursuant to the provisions of Sections 607.0502 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 [signature] GARY L. GILES — DATE 5-8-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	GILES, TERRY L	1.2 NAME	
STREET ADDRESS	9977 WESTVIEW DRIVE, NO. 112	1.3 STREET ADDRESS	11163 SANDPOINT TER.
CITY-ST-ZIP	CORAL SPRINGS FL 33067	1.4 CITY-ST-ZIP	BOCA RATON, FL. 33428
TITLE	D ☐ DELETE	2.1 TITLE	☑ Change ☐ Addition
NAME	GILES, GARY L	2.2 NAME	
STREET ADDRESS	181 N.W. 78TH AVE.	2.3 STREET ADDRESS	10751 N.W. 17 MANOR
CITY-ST-ZIP	MARGATE FL 33063	2.4 CITY-ST-ZIP	CORAL SPRINGS, FLA
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

-05/17/96--01031--003 ****225.00 ****225.00

DC 5/10

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)(k), 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.

SIGNATURE: [signature] TERRY L. GILES — 5-8-96 — (954) 749-3324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)