

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra S. Morton
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 27 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000037850 (3)

1. Corporation Name

THE NAME GAME, INC.

Principal Place of Business

1530 NE 214 ST.
MIAMI FL 33180-1052
US

Mailing Address

2530 NE 214TH ST.
MIAMI FL 33180-1052
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/24/1993

3a. Date of Last Report

04/29/1994

2. Principal Place of Business

21 2580 NE MIAMI GARDENS DR.

2a. Mailing Address

26 2580 NE MIAMI GARDENS DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 No. MIAMI BEACH FL

City & State

28 No. MIAMI BEACH FL

Zip

24 33180

Country

25 USA

Zip

29 33180

Country

30 USA

4. FEI Number

65-0415968

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

STARKMAN, MARK R
2655 LEJEUNE RD.
SUITE PH1-D
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

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 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME STARKMAN, MARK R
STREET ADDRESS 2655 LEJEUNE RD., SUITE PH1-D
CITY, ST, ZIP CORAL GABLES FL 33134

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

TITLE DP
NAME TAYLOR, MERYL
STREET ADDRESS 2530 NE 214TH ST.
CITY, ST, ZIP MIAMI FL 33180

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

TITLE DST
NAME WAGNER, DARLENE
STREET ADDRESS 558 STONEMONT LANE
CITY, ST, ZIP FT. LAUDERDALE FL

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

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 110.07(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:

Meryl Taylor

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MERYL TAYLOR, PRES.

4-24-95 (305) 935-9700

Date

Telephone Number