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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000053485

1. Corporation Name

GAMESTERS INC.

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90027 027 ***150.00

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Principal Place		Mailing Address							- 1
12035 SW 117 (12035 SW 117 CT			-		-		
MIAMI FL 33186 US US		DO NOT WRITE IN THIS SPACE							
	US US		3. Date Incorporated or Qualifed						
	•				07/26/1993				- 1
a Principal PI	ace of Business	2a, Mailing Address			4 FEI Number	_	ТΑр	plied For	
h		26 1/201 SW 6	295	į	65-0459023			t Applicable	
21 // ZO Suite, Apt. 1	<u> </u>	Suite, Apt. #, etc.					\$8.75		1
<u></u>	, , e.c.	27			5. Certifcate of Status Desired]	Fee Re		
City & State		City & State			& Election Campaign Financing	_	\$5.00	May.Be	1
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23	Country .	Zip	Coun	īv	This corporation owes the current	vear Intar	ngible		١ '
	25 U.S	29 33/65 30	_	15	Personal Property Tax.		Yes	Mo	
24 331.60	9. Name and Address of Current		1		10. Name and Address of New Regi	stered A	gent	<u> </u>	} . '
	g. Name and Address of Current	Registered Agent	- 1	11 Name	10.				İ
MES	A, STEVEN M.		L						ļ
	1 SW 29 ST		- [4	Street Ac	ddress (P.O. Box Number is Not Acceptable))			Į
1	Al FL 33165		-	13				·	1
}				· •					
	·		[1	4 City		FL	85 Zip (Code	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508. Florida Statutes	, the ab	ve-named co	orporation submits this statement for the purp	pose of c	hanging its	registered	1
office or re	egistered agent, or both, in the State o	of Florida. Such change was auth	norized	by the corpora	ation's board of directors. I hereby accept the	e appoint	ment as re	gistered	
agent. I ar	m familiar with, and accept the obligati	ions of, Section 607.0303, Fiolia	a Statut	5 5.					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered A	gent signature req	uired when reinstating)	DATE			ء ا
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTO	RS IN 12	(11/98)
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NAME	• •		1.2 NAN	E					\ >
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STREET ADDRESS CITY-ST-ZIP	MESA, STEVEN M 11201 SW 29 ST MIAMI FL 33165	■ DELETE	1.3 STR 1.4 CITY	EET ADDRESS -ST-ZIP			☐ Change	☐ Addition	CROFOR
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14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: