FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400026973 (5) GAMES PEOPLE PLAY MAGAZINE, INC. Principal Place of Business Mailing Address							
ÜS	, • • • • • • • • • • • • • • • • • • •	US			 Date Incorporated or Qualified 04/08/1994 	3a. Date of L 05/01/19	'
2. Princinal P	Incinal Place of Business 28. Mailing Address 26				4. FEI Number 59-3241936		Applied For Not Applicable
Delete Suite 200 27			Delete Suite 200		5, Certificate of Status Desired	1 1	.75 Additional ee Required
City & Stat		City & State			Election Campaign Financing Trust Fund Contribution	A	5.00 May Be dded to Fees
Zip 24	Country 25	Zip 29	Gountr 30	у 		Yes 🔀 No	
g. Name and Address of Current Registered Agent				Name	10, Name and Address of New Re	gistered Agent	
	FIN, DONALD W		81				
11290 78TH AVE N SUITE 200			82		Address (P.O. Box Number is Not Acceptable)		
SEN	IINOLE FL 34842		6				
			84	City		FL 85	Zip Code
11. Pursuant office or r ; agent. I a SIGNATURE	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblining familiar with and accept the oblining familiar with a printed range of registered as				poration submits this statement for the p ition's board of directors. I horoby accep uired when reinstating)	purpose of chang of the appointme	jing its registered int as registered
12.	OFFICERS AND DIRECTORS		13. 1.1 10 L		ADDITIONS/CHANGES TO OFFIC		
TITLE	DP	•				L., Ch	nange 🔲 Addition
NAME CTOSET ADDRESS	GIFFIN, DONALD W 11290 78TH AVE N SUITE 20	vA	1.2 NAME	E ADDOLOG			ĺ
STREET ADDRESS	SEMINOLE FL 34642	N	4	F ADDRESS			
CITY-ST-ZIP TITLE	P DELETE		14 CHY- 21 THLE	21-715		Ch	nange Addition
NAME	WIGGIN, PHILLIP M		2.2 NAME				, _
STREET ADDRESS	2257 SPRINGRAIN DRIVE	,	2.3 S1REE	1 ADDRESS			
CITY-ST-ZIP	CLEARWATER FL		2. 4 CITY -	-S1 - ZIP	•	.*	
TITLE	S	DELETE 3.1				Ch	nange Addition
NAME	WIGGIN, LUDIA F.		3.2 NAML				
STREET ADDRESS	2257 SPRINGRAIN DRIVE		3.3 STREE	I ADDRESS			
CITY-ST-ZIP	CLEARWATER FL		3 4. CITY-	ST-7IP			
TITLE	D DOMEST DOMESTIC	☐ DELEYE	4.1 TITLE			L. Ch	nange
NAME	PENTA, BRIAN M	4.2 N					
STREET ADDRESS	2257 SPRINGRAIN DRIVE			T ADDRESS			
CITY-ST-ZIP TITLE	CLEARWATER FL	DELETE	4.4 CITY	51-7IP		☐ Chi	lange Addition
NAME		Dittil	5.2 NAME				ango [1] reduitor)
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			54 CHY-	1			
TITLE		DELETE	61 TITLE	-		☐ Ch	ange Addition
NAME			6 2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			
			6.4.0074				

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attachment with an address.

1997

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FILED

Jun 09 1997 8:00am

Secretary of State