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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000028697 (8) DOCUMENT #
1. Corporation Name

## **FILED** Jan 30 1998 8:00am Secretary of State

	IS GAMES	S OF FLORIDA, IN	Ú.					 	1821 <b>18</b> 21 <b>2</b> 41 241 118	<b>2</b>   18318 81118 1811	
Principal Plac		5	Mailin	g Address							
1341 RUTHERFORD ROAD				1341 RUTHERFORD ROAD							
GREENVILLE SC 29809			GREENVILLE SC 29609			DO NOT WRITE IN THIS SPACE					
								3. Date Incorporated or Qualified			
								04/14/1994			
2. Principal Place of Business			2s. Mailing Address					4. FEI Number		Ap	plied For
21			26					57-0998113		No	t Applicable
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	
22			27				C. Serimodilo el ciado posito		Fee Re		
City & State				City & State			6. Election Campaign Financing		\$5.00		
23	· <del>-</del>	Country	<b>28</b> Zir			untry		Trust Fund Contribution		Added t	
Zip	}	¬ ′	<u> </u>	,	<del></del> -	uritry		8. This corporation owes or has p			angible   ] No
24		25 and Address of Current	29 Registere	d Agent	30	$\overline{}$		Personal Property Tax due Jur  10. Name and Address of New F			
QUEEN, TOMMY L						81 Name					
1024 EDISON AVE								200 6 40 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			
JACKSONVILLE FL 32204							Street Addre	ess (P.O. Box Number is Not Accepta	able)		
SACROCITYILLE FL 32204											
						Щ					
						84	City		FL	85   Zip 0	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes office or registered agent, or both, in the State of Florida. Such change was aut agent. I am familiar with, and accept the obligations of						bove	e-named corp	oration submits this statement for the	purpose o	f changing its	s registered
office or r	egistered ag	ent, or both, in the State of	of Florida. S	Such change was a ection 607 0505 Fil	authorize orida Sta	d by	the corporati	on's board of directors. I hereby acc	ept the app	pointment as	registered
	,	ar, and doodpt the obliga	(10/10/01/00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	onda ota		•				
SIGNATURE	Signature, typed	or printed name of registered agen	nt and little if app	plicable (NOT	E Registere	d Age	ni signature require	ed when reinstating)	DATE		
12.		OFFICERS AND	DIRECTO		13.			ADDITIONS/CHANGES TO OFF	ICERS ANI	_	
TITLE	PO			☐ DELETE	1.1 T	ITLE				L Change	☐ Addition
name	COLLINS				1.2 N	AME					1
STREET ADDRESS		ithe <b>rf</b> ord road					ADDRESS				
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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.