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 PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P94000069506 (1)

FUNTIME GAMES, INC. Principal Place of Business Mailing Address 4328 CORPORATE SQUARE BLVD. 4328 CORPORATE SQUARE BLVD SUITE C SUITE C NAPLES FL 33942 NAPLES FL 33942 3. Date Incorporated or Qualified 3a. Date of Last Report 09/19/1994 06/19/1995 2. Principa! Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0478519 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Flection Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Zφ Country Z(0)Country This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PINTER, MICHAEL R 82 Street Address (P.O. Box Number is Not Acceptable) 4328 CORPORATE SQUARE BLVD. 83 SUITE C NAPLES FL 33942 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607,0502 and 007,1508, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE cyclife: Fallystere i Âlar i signar in-Signature, typed or profed non-coll registerial agency & at to-cit approach DA'É OFFICERS AND DIRECTORS 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.15006 ☐ Change Addition NAME SCHUSTER, ROBERT J 1.2 NAME STREET ADDRESS 607 HENLEY DR. 1.3 STREET ADDRESS CITY-ST-ZIP NAPLES FL 33942 1.4 CiTY - ST - ZiP DELETE TITLE 2 1 HILE ☐ Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 24 CITY ST-ZIP DELETE THILE 3 1 Tiffle ☐ Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - 7P 3.4 CHY-ST-ZIP TITLE DELETE 4 1 TUTLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7IP 4.4 CITY - ST - ZIP DELETE TITLE 5 1 Title Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-S7-ZIP 5.4 Cilly - ST - 2IP

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 suppliemental 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 3 if a lang 1, or or arrest tachment with in address.

6-1 TU: E

6.2 NAME

6.3 STREET ADDRESS 6.4 CHY+ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

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Change

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