

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90005 042 ***150.00

DOCUMENT # P94000089615

1. Corporation Name

ODYSSEY ENTERTAINMENT & DISTRIBUTION, INC.



Principal Place of Business

4408 NW 47TH CT
TAMARAC FL 33319

Mailing Address

4631 NW 81ST AVENUE
SUITE 420
FT. LAUDERDALE FL 33309
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/12/1994

4. FEI Number

65-0542312

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21 1880 S.W. 67th Terr.

2a. Mailing Address

26 1880 S.W. 67th Terr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 PLANTATION, FL

City & State

28 PLANTATION, FL

Zip

24 33317

Country

25 USA

Zip

29 33317

Country

30 USA

9. Name and Address of Current Registered Agent

JOSEY, CATHY L

4408 NW 47TH CT
TAMARAC FL 33319

10. Name and Address of New Registered Agent

81 Name

Josey, Cathy L

82 Street Address (P.O. Box Number is Not Acceptable)

1880 S.W. 67th Terr

83

84 City

PLANTATION

FL

85 Zip Code

33317

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

Cathy L Josey

(NOTE: Registered Agent signature required when reinstating)

DATE

4-18-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
DPS
JOSEY, CATHY L
STREET ADDRESS
4408 NW 47TH CT
CITY-ST-ZIP
TAMARAC FL 33319

TITLE ☐ DELETE

NAME
DVT
SCEFCYK, NELIDA
STREET ADDRESS
4408 NW 47TH CT
CITY-ST-ZIP
TAMARAC FL 33319

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
DPS
Josey, Cathy L
1.3 STREET ADDRESS
1880 S.W. 67th Terr.
1.4 CITY-ST-ZIP
PLANTATION, FL 33317

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
DVT
SCEFCYK, Nelida
2.3 STREET ADDRESS
1880 S.W. 67th Terr.
2.4 CITY-ST-ZIP
PLANTATION, FL 33317

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Nelida SCEFCYK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-18-99

Daytime Phone #

(954) 584-6971

CR2E034 (1/198)