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

PROFIT CORPORATION ANNUAL REPORT

1002



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	1000							
1. Corporation	MENT # P9500 SIC AND GAMES, INC.	0081778 (9)	-					
Principal Place	e of Rusiness	Mailing Address				-{		
1840 HYPOLUXO RD		P.O. BOX 220722						
LAKE WORTH FL 33462		WEST PALM BCH FL 33422				DO NOT IMPLIE IN THIS SPACE		
US		U\$				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	— <sub>1</sub>	
						10/23/1995		
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For		
21		26				<b>65-0636136</b> Not Applica		
Suite, Apt.	#, etc.	Suite, Apt #, etc.				5. Certificate of Status Desired  \$8.75 Additional		
City & State		City & State			Fee Required			
23	,	28	F-¬ '			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Cour	ntry		8. This corporation owes or has paid the current year Intangible		
24	25	29	30			Personal Property Tax due June 30. 🔽 Yes 🔲 No	ľ	
	Name and Address of Curre	ent Registered Agent		- 		10. Name and Address of New Registered Agent		
	INITT, HOWARD		ļ	81 1	Name			
	io hypoluxo RD Ke worth Fl 33462			82 Street Add		ess (P.O. Box Number is Not Acceptable)		
LAN	NE WUNIN FL 33402		-	83			{	
			1				_	
			1'	84 (	City	FL 85 Zip Code	1	
11. Pursuant t	to the previsions of Sections 607.08	02 and 607 1508, Florida Statu	es, the ab	ove-n	amed corpo	oration submits this statement for the purpose of changing its register on's board of directors. I hereby accept the appointment as registere	ed	
agent. I ar	m familiar with, and accept the obli	gations of, Section 607,0505, FI	orida Statu	ites.	e corporation	on's board or directors. Thereby accept the appointment as registere	<sup>*</sup>	
SIGNATURE .	Signature, typical or printed name of registered a	Arra Arra	F 6-22			od when reinslating) DATE	_	
12.		ND DIRECTORS	13.	Agent s	ignative reduce	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<b></b>  {€	
TITLE	PD DELETE 1.11			1.1 TITLE		☐ Change ☐ Addii	ion §	
NAME	<b>LENNITT</b> , HOWARD		1.2 NAME					
STREET ADDRESS	1840 HYPOLUXO RD		1.3 STA	REET ADO	ORESS		į č	
CITY-ST-ZIP	LAKE WORTH FL		1.4 CITY - ST - ZIP		IP .		6	
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NAME			6.2 NAM	ΜE				
STREET ADDRESS			6.3 STR	EET ADD	ORESS			

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 supplienced at 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 corpy align or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapter or or hay, attachment with an address.

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**FILED** 

May 06 1998 8:00am

Secretary of State