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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000082436 (3)

GAMING SYSTE	MS SUPPORT, I	NC.								
Principal Place of Business	Mailing Ad	Mailing Address			1	f nontroat din total antit, antit outly notic selet init	O DINDI DINDO DISOR DIOL SORS			
17239 BERMUDA VILLAGE DRIVE BOCA RATON FL 33487			17239 BERMUDA VILLAGE DRIVE BOCA RATON FL 33487			DO NOT WRITE IN THIS SPACE				
						3.	Date Incorporated or Qualified 10/25/1995			
2. Principal Place of Busir 21	2a. Mailing 26	2a. Mailing Address			4.	FEI Number 65-0619576	Applied For Not Applicable			
Suite, Apt #, etc		Suitu, A	Suite, Apt. #, etc.			5.	Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		Orty 8 5	City & State			6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country 25	Z(μ)	30	ountry		8.	This corporation owes or has paid the cur Personal Property Tax due June 30.	rrent year Intangible Yes X No		
9. Name and Address of Current Registered Agent						10.	Name and Address of New Registered	Agent		
RADKA, LINDA L 17239 BERMUDA VILLAGE DRIVE					Name Street Addre	ss (P	O. Box Number is Not Acceptable)			
BOCA RATON FL 33487				83	·					
				84	City		FL	85 Zip Code		

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 re agent. I a	egistered agent, or both, in the State of Florida. Suc m familiar with, and accept the obligations of, Sectio	h change was aut in 607.0505, Floric	horized by the corp la Statutes.	oration's board of directors. I hereby accept the a	ippointment as	registered
SIGNATURE	Signature, typod or protect move of responses tage et another at applicat	ale (NOTE A	egistered Agent signature	required when reinstating) DATE	<u> </u>	
12. OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 12
TITLE	P	DELETE	1.1 TOTLE		Change	Addition
NAME	RADKA, LINDA L		1.2 NAME			
STREET ADDRESS	17239 BERMUDA VILLAGE DRIVE		1.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY - ST - ZIP			
TITLE		DELETE	2 1 TITLE		☐ Change	Addition
NAME			2.2 NAME			
STREET ADDRESS			23 STREET ADDRESS			
CITY-ST-ZIP			2. 4 City-St-ZiP			
TITLE		DELETE	3.1 TITLE		☐ Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			*
CITY-ST-ZIP			3 4 CITY - ST - ZIP			
TITLE		DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST-ZIP			
TITLE		☐ DELETE	51 TITLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		DELFTE	61 TITLE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			

14. Thereby 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 emplowered 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

621)241-1068

FILED

Feb 25 1998 8:00am

Secretary of State