FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000087414 (5)**

1. Corporation Name

ALLIGATOR MUSIC AND GAMES, INC.

Principal Place of Business	Mailing Address
2400 LENT ROAD APOPKA FL 32712	2400 LENT ROAD APOPKA FL 32712

3. Date Incorporated or Qualified: **11/14/1995**

3a. Date of Last Report: **N/A**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City, & State
23
Zip 24 | County 25

2a. Mailing Address
26 P.O. BOX 574
Suite, Apt. #, etc.
27
City, & State
28 PLYMOUTH, FL
Zip 29 32768-0574 | County 30

4. FEI Number: 59-3347548 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☑ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

KATZ, LWARENCE H
341 N. MAITLAND AVENUE
SUITE 120
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 or 607.1505, 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. Said 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 DATE

12. OFFICERS AND/OR DIRECTORS

1 TITLE	☐ DELETE
1 NAME	
1 STREET ADDRESS	
1 CITY-ST-ZIP	
2 TITLE	☐ DELETE
2 NAME	
2 STREET ADDRESS	
2 CITY-ST-ZIP	
3 TITLE	☐ DELETE
3 NAME	
3 STREET ADDRESS	
3 CITY-ST-ZIP	
4 TITLE	☐ DELETE
4 NAME	
4 STREET ADDRESS	
4 CITY-ST-ZIP	
5 TITLE	☐ DELETE
5 NAME	
5 STREET ADDRESS	
5 CITY-ST-ZIP	
6 TITLE	☐ DELETE
6 NAME	
6 STREET ADDRESS	
6 CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19

1 TITLE	☐ Change ☒ Addition
1 NAME	D/P/V/S/T
1 STREET ADDRESS	DAVID R ROGERS
1 CITY-ST-ZIP	2400 LENT ROAD
	APOPKA, FLORIDA 32712-5603
2 TITLE	☐ Change ☐ Addition
2 NAME	
2 STREET ADDRESS	
2 CITY-ST-ZIP	
3 TITLE	☐ Change ☐ Addition
3 NAME	
3 STREET ADDRESS	
3 CITY-ST-ZIP	
4 TITLE	☐ Change ☐ Addition
4 NAME	
4 STREET ADDRESS	
4 CITY-ST-ZIP	
5 TITLE	☐ Change ☐ Addition
5 NAME	
5 STREET ADDRESS	
5 CITY-ST-ZIP	
6 TITLE	☐ Change ☐ Addition
6 NAME	
6 STREET ADDRESS	
6 CITY-ST-ZIP	

CR2E034 (12/95)

14. I hereby certify that the information supplied with this report is correct. My signature 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 added above.

SIGNATURE: David R Rogers — 1/23/96 — 407-886-1800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

David R Rogers