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## 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

DOCUMENT #	P9600001	0319	١
Corporation Name	. 000000.	00.0	•

ALL GAMES PEOPLE PLAY, INC.

Principal Place of Business

Mailing Address



290, U.S. 27 N. Suite <del>6.1</del> Sebring Fl. 33870	830 U.S. 27 N. Suite E-1 Sebring Fl 33870.		DO NOT WRITE IN 1	THIS SPACE	
	,		3. Date Incorporated or Qualifed 01/18/1996		
2. Principal Place of Business 11 205 · N. Ridge yood Dr.	2a. Mailing Address 26 205 - N. Ridge	Wood Dr	4. FEI Number 65-0645952	Applied For Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc. /		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State 23 Sebring F1.	City & State  28 Sebring	FS.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country		ight Ands	This corporation owes the current year     Personal Property Tax.	ar Intangible ☐ Yes ☐ No	
9. Name and Address of Current	Registered Agent	7	10. Name and Address of New Registe	red Agent	
HENDRICK, ROGER H		81 Name			
3100 PEACHTREE STREET		82 Street Address (P.O. Box Number is Not Acceptable)			
LAKE PLACID FL 33852		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 register 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	Signature, typed or printed name of registered agent and title	if applicable (NOTE: F	egistered Agent signature req	uired when reinstating)	DATE	\		
12.	OFFICERS AND DIRE		13.	ADDITIONS/CHANGES TO OF	ICERS AND DIRECTO	RS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		Change	☐ Addition		
NAME	HENDRICK, ROGER H		1.2 NAME					
STREET ADDRESS	3100 PEACHTREE STREET		1.3 STREET ADDRESS					
CITY-ST-ZIP	LAKE PLACID FL 33852		1.4 CITY-ST-ZIP					
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition		
NAME	LEACH, ROBERT J		2.2 NAME					
STREET ADDRESS	488 ORKNEY COURT		2 3 STREET ADDRESS			_		
CITY-ST-ZIP	DUNEDIN FL 33698		2 4 CITY-ST-ZIP					
TITLE	ST	☐ DELETE	3.1 TITLE		Change	☐ Addition		
NAME	LEACH, MARGARET L		3.2 NAME					
STREET ADDRESS	488 ORKNEY COURT		3 3 STREET ADDRESS					
CITY-ST-ZIP	DUNEDIN FL 33698		3.4. CITY-ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE		Change	☐ Addition		
NAME			4. 2 NAME			Ì		
STREET ADDRESS			4.3 STREET ADDRESS			ļ		
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition		
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS			<del></del> -		
CITY-ST-ZIP			5.4 CITY-ST-ZIP			T A APPL I		
TITLE		☐ DELETE	6.1 TITLE		Change	☐ Addition		
NAME			6.2 NAME			į		
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-ST-ZIP			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 officer or director of the corporation or the receiver or trus Block 12 or Block 13 if changed, or on an attachment

SIGNATURE:

H. Hendrick 2-12.99 941-471-0212