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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthern

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000080712 (8)

ATOMIC GAME, CO. Principal Place of Business Mailing Address 1030 NW 95TH TERRACE 1030 NW B5TH TERRACE **PLANTATION FL 33322** PLANTATION FL 33322-4825 3a. Date of Last Report 3. Date Incorporated or Qualified 09/30/1996 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zφ Country Zip Country This corporation has liability for intangible tax under s. 199.032, 🔀 Yes 🗌 No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 TEPERMAN, GARY Name 55 WESTON ROAD STE 302 Street Address (P.O. Box Number is Not Acceptable) 82 FORT LAUDERDALE FL 33322 63 84 City 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 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 profed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) 12. 13. VICE PRESIDENT THEF ☐ DELETE 1.1 TITLE Change Addition GARY TAPER 1.2 NAME (2E034 NAME STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP L. D. St. 2P DELETE THUE 2.1 TITLE Change \_\_\_ Addition MAMI 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CHY-ST-ZII 2.4 CITY - ST-ZIP DELETE Change Addition 31 TITLE THRE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CHY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS DITY-ST-WP 4.4 CITY-ST-ZIP DELETE Addition Change TITLE 5 1 TIBLE NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS CHY-SI-703 54 CITY - ST - ZIP DELETE Change Addition 61 TITLE THE

14. I do hereby certify that the information supplied with this time 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 is 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 Chaptel 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an abstract.

62 NAME

**6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

3700WX

FILED

May 15 1997 8:00am

Secretary of State