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

PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

CITY-ST-ZIP

21

24



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000016227 (5)

Country

9. Name and Address of Current Registered Agent

25

23074 SANDALFOOT PLAZA DRIVE

ANDREWS, ROBERT

BOCA RATON FL 33428

BOCA SLOTS-N-HOBBIES, INC.

Principal Place of Business	Mailing Address
23074 SANDALFOOT PLAZA DRIVE BOCA RATON FL 33428	23074 SANDALFOOT PLAZA DRIVE BOCA RATON FL 33428

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

28

FILED Jan 27 1998 8:00am Secretary of State



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 printed name of registered agent and the if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition ANDREWS, ROBERT NAME 1.2 NAME 23074 SANDALFOOT PLAZA DRIVE STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33428** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE Change Addition 2.1 THE ANDREWS, GARY NAME 2.2 NAME 23074 SANDALFOOT PLAZA DRIVE STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL 33428** CITY-ST-ZIP 2. 4 CITY - ST - ZIP TITLE DELETE Change Addition | 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 4.4 City - St - 7IP DELETE TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE Change ___ Addition TITLE 6.1 NTLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADORESS

6.4 CITY-ST-ZIP 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 suppliemental 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 for on an all accurate and that my name appears in Block 12 or Block 13 if changed for one an all accurate and the exemption of the corporation o

Country

81 Name

82

83 84 City

30