## 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** 

## **FILED** May 05, 1999 8:00 am Secretary of State

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## DOCUMENT # P97000016227

1. Corporation Name

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							
						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						02/20/1997			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	Ap	plied For	
21		26				65-0729770		Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	,	
22		27	27			<u> </u>	Fee Re		
City & State		City & State	City & State			6. Election Campaign Financing	\$5.00	-	
23		28				Trust Fund Contribution	Added to	o Fees	
Zip	Country	Zip		untry		8. This corporation owes the current year la	ntangible ☐ Yes	IZ/No	
24	25	29	30			Personal Property Tax.  10. Name and Address of New Registered		Terro .	
	9. Name and Address of Curren	it Kegisterea Agent		81 Na	ame	(U. Name and Address of New Registered	, Agoin		
AND	REWS, ROBERT								
	4 SANDALFOOT PLAZA DRIVE			82 St	reet Addre	ess (P.O. Box Number is Not Acceptable)			
	A RATON FL 33428			83				-	
	V(101(01) 1 2 00 120								
				<b>84</b> Ci	ty	F	85 Zip C	Code	
44 0	to the provisions of Sections 607 060	2 and 607 1508 Florida Statu	ites the s	hove-ner	med corno	oration submits this statement for the purpose of	of changing its	registered	
office or r	egistered egent or both in the State.	of Florida, Such change was	authorized	d by the (	corporation	on's board of directors. I hereby accept the appoint	ointment as re	gistered	
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, FI	onda Stat	tutes.					
SIGNATURE	Signature, typed or printed name of registered age	et and title if applicable (NO)	E- Panietoror	d Acent sign:	ature required	d when reinstating) DATE			
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	86/
TITLE	D	☐ DELETE	1.1 Ti	TILE			Change	☐ Addition	7
ì	ANDREWS, ROBERT		1.2 N	AME				Ţ	Ä
STREET ADDRESS	23074 SANDALFOOT PLAZA D								Ö
CITY-ST-ZIP		RIVE	1.3 \$		RESS			İ	7
0111-07-EI	BOCA RATON FL 33428	PRIVE .		TREET ADDI	RESS				2
TITLE	BOCA RATON FL 33428	PRIVE DELETE		TREET ADDI	RESS		Change	Addition	CR2E034 (11/98)
TITLE NAME	D		1.4 C	TREET ADDI TTY-ST-ZIP TTLE	RESS		☐ Change	Addition	S
NAME	D Andrews, Gary	DELETE	1.4 C 2.1 TI 2.2 N	TREET ADDI TTY-ST-ZIP TTLE			Change	Addition	S
NAME STREET ADDRESS	D Andrews, Gary 23074 Sandalfoot Plaza D	DELETE	1.4 C 2.1 Ti 2.2 N 2.3 S	TREET ADDI TTY-ST-ZIP TTLE LAME TREET ADDI	RESS		☐ Change	Addition	SS
NAME	D Andrews, Gary	DELETE	1.4 C 2.1 Ti 2.2 N 2.3 S	TREET ADDI CITY-ST-ZIP TITLE LAME TREET ADDI CITY-ST-ZIP	RESS		☐ Change	Addition	CR
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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 of the receiver or trustee in powered 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIG	NAT	URE
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CITY-ST-ZIP

MYED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #