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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P97000087133 (9)

WEST PARK GAME CO., INC.

## **FILED** Apr 01 1998 8:00am Secretary of State



Principal Plac	e or business	Maining Address				
3151 SOUTH MELBOURNE	I BABCOCK STREET. #67 E FL 32901	3151 SOUTH BABCOCK STREET. #67 MELBOURNE FL 32901				
						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						10/08/1997
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				59 - 2707/50 Not Applicat
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				SS 75 Additional
22		27				5. Certificate of Status Desired Fee Required
City & Stat	6	City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cour	itry		8. This corporation owes or has paid the current year Intangible
24	25	29	30			Personal Property Tax due June 30.
	g. Name and Address of Curr					10. Name and Address of New Registered Agent
71	<del></del>			81	Name	
	ERRY, MICHAEL					
	151 SOUTH BABCOCK STREET	i <b>, #</b> 6/		82	Street Ad	ddress (P.O. Box Number is Not Acceptable)
M	ELBOURNE FL 32901					
			l l	83		
			-	84	City	85 Zip Code
			1	i	· -	PL ( )
agent. I a	am familiar with, and accept the obl					orporation submits this statement for the purpose of changing its registers oration's board of directors. I hereby accept the appointment as registered sourced when reinstating)
12.		AND DIRECTORS	13.	7.00	THE GISPING OF THE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE		DELETE	1.1 TIT	i F		☐ Change ☐ Addit
	P/D	_ bitte				
NAME	Michael Terry		1.2 NA			
STREET ADDRESS	3151 South Babcock	Street, #67			ADDRESS	
CITY-ST-ZIP	Melbourne, FL 3290		1.4 CIT		i - ZIP	
TITLE		☐ DELETE	2.1 TH	LE		☐ Change ☐ Addit
NAME			2.2 NA	ME		
STREET ADDRESS	i		2.3 \$11	REET.	ADDRESS	
CITY-ST-ZIP			2. 4 CI	TY-S	ST-ZIP	
TITLE		☐ DELETE	3.1 TIT	LE		- Change Addit
NAME			3.2 NA	ME		
STREET ADDRESS	]		3.3 ST	RÉET	ADORESS	
CITY-ST-ZIP	-		3.4. CI	TY-S	ST-ZIP	
TITLE		DELETE	4.1 717			Change Addit
NAME	1		4. 2 NA	ME		*
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP			4.4 Cit			
TITLE		DELETE	5.1 TIT		1 - 44	☐ Change ☐ Addit
	1					only
NAME			5.2 NA		1000000	
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP		F1 85, 5-5	5.4 CIT		T-ZIP	
TITLE		☐ DELETE	6.1 TrT			Change L Addit
NAME			6.2 NA	ME		
STREET ADDRESS	1		6.3 ST	REET	ADDRESS	
CITY-ST-ZIP	1		6.4 CIT	Y-\$	iT-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 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 on an attachment with an address.

**SIGNATURE:** 

Wichael

7/24/98 407-722-9704