**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000106546

1. Corporation Name

CITY-ST-ZIP

HIGH SCORE INSTALLATIONS, INC.

								ila allar bil	IA DIDER BAIL LEDA	
Principal P ace of Business Mailing Address										
3310 FIRST AVE NW 3310 FIRST AVE NW										
NAPLES FL 34120		NAPLES FL 34120	NAPLES FL 34120			DO NOT WRITE IN	DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed				
						12/18/1997				
2. Princinal Pl	lace of Business	2a. Mailing Address				4. FEI Number		-     #	Apr lied For	
21 THICIPS T		— <u> </u>	26			59-3488949	Not Applicable			
Suite, Act.	#, etc.		Suite, Apt. #, etc.			\$8.75 Additional				
22		27				5. Certifc ate of Status Desired		Fee F	Rec uired	
City & S:at	е	City & State				6. Election Campaign Financing		\$5.00	10 May Be	
23		28				Trust Fund Contribution		Addec	tc Fees	
Zip	Country	Zip	Cour	ntry		8. This or rporation owes the current y			\	
24	25	29	30			Personal Property Tax.		Yes	J≰INo	
	9. Name and Add ess of Cu	rrent Registered Agent		<del></del> T		10. Name and Address of New Regis	tered A	gent		
UAD	TON OTHE A			81	Name				i	
HORTON, GENE A			ŀ	82	Street Ac	idress (P.O. Box Number is Not Acceptable)				
	) 1ST AVE NW			]						
NAPI	LES FL 34120			83						
			i	84	City			85 Zip	Code	
					-		FL	1		
office o r agent. I a	egistered agent, or both, in the S m familiar with, and accept the o	State of Florida, Such change.	was ruthorized	י עם	tne corpora	poration submits this statement for the purpation's board of directors. I hereby accept the	app sint	iment as i	registered	
SIGNATURE	Signature, typed or printed nar ie of registere	ed agent and title if applicable.	(NOTE Registered	Agent	t signature requ		ATE			
12.		S AND DIRECTORS	13.			ADDITIC NS/CHANGES TO OFFICE				
TITLE	P	☐ DELE	TE 1.1 TIT	LE				☐ Change		
NAME	HORTON, GENE		1.2 NA	ME						
STREET ADDRESS	3310 1ST AVE		1.3 ST	REET	ADDRESS				1	
CITY-ST-ZIP	NAPLES FL 34120		1.4 CIT	Y-ST	-ZIP					
TITLE	VP	<b>₩</b> DELE	TE 2.1 ΤΠ	ľE	ļ			Change	Addition	
NAME	PICKETT, GLENN		2.2 NA	ME						
STREET ADDRESS	0729 SIMMS ST		2.3 ST	REET	ADDRESS					
CITY-ST-ZIP	HOLLYWOOD FL 33024		2. 4 CI	TY-S						
TITLE	ST	☐ DELE	TE 31TH	LE	[ ]	VP 45/T		Change     Ch	e 🔀 Addition	
NAME	HORTON, GINA R		3.2 NA	ME	1	GINA R. HORTON 3310 1st Ave. N.W. 1Japles KI. 34120			ì	
STREET ADDRESS	3310 1ST AVE NW		3.3 ST	REET	ADDRESS	3310 1St Ave. N.W.				
CITY-ST-ZIP	NAPLES FL 34120		3.4. Ct	TY-S	T-ZIP	1 Japles, c1. 34120				
TITLE		☐ DELE	TE 41TI	lε		, ,		Change	e 🔲 Addition	
NAME			4. 2 N	AME						
STREET ADDRES 3			4.3 ST	REET	ADDRESS					
CITY-ST-ZIP			4.4 CI	TY- \$T	-ZIP					
TITLE		☐ DELE						Change	e 🗌 Addition	
NAME			5.2 NA							
STREET ADDRESS					ADDRESS				}	
CITY-ST-ZIP			5 4 CI		~ZIP					
TITLE		☐ DELE	1					Change	e 🔲 Addition	
NAME			62 NA						l	
STREET ADDRESS			6.3 ST	REET	ADDRESS					

14. I hereby certify that the informatic n supplied with his 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 uncer part; 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, with all other like empowered.

6.4 CITY-ST-ZIP

Gina

Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90056 036 \*\*\*150.00