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

**PROFIT** CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 20 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name S22204

(9)

B.C.W. GAMES UNLIMITD, INC.

Principal Place of Business		Mailing Address		T TOBRITORO TION CORPE CIONO TRACE DOCUMENTS	31 81811 01811 B1611 B18	IF ATALL BLACK TABLE	
C/O WILLIAM WAHL		C/O WILLIAM WAHL					
4420 S.W. 93RD AVE.		4420 S.W. 83RD AVE.		DO NOT WIDIT	T IN THIS OBJOE		
DAVIE FL 33328		DAVIE FL 33328		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified 01/03/1991		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	ļ	Applied For	
21		26		65-0236120		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		75 Additional	
22		27			<del></del>	e Required	
City & State	9	City & State		6. Election Campaign Financing		.00 May Be	
Zip Country		Zip Country		Trust Fund Contribution		ded to Fees	
Zip	— ·	— ·	<del></del>	, ,	8. This corporation owes or has pa Personal Property Tax due June		ar Intangible
24		25   29   30   30   30   30   30   30   30   3			10. Name and Address of New Re		
14/4	<del></del>	on noglotorou rigotti	8	1 Name			
	HL, WILLIAM		<u> </u>				
	20 SW 93 AVE.		8	2 Street Add	lress (P.O. Box Number is Not Acceptal	ole)	
UA	VIE FL 33328		8	3			
			[				
			8	4 City		FL  85	Zip Code
44 Ourcupnt I	to the pravisions of Sactions 607.0	502 and 607 1508 Florida Sta	itutes the abo	ve-named cor	poration submits this statement for the		ing its registered
office or re	enistered event or both in the Sta	to of Florida. Such change wa	as authorized l	by the corpora	ition's board of directors. I hereby acce	pt the appointmen	nt as registered
agent. La	m familiar with, and accept the obt	igations of, Section 607.0505,	Florida Statut	es.			
SIGNATURE	Signature typed or printed name of registered i	anoul and blo if applicable #	MOTE Banislated A	ocol s coalure requ	ired when reinstating)	DATE	<del></del>
12.		ND DIRECTORS	13.	gon og more requ	ADDITIONS/CHANGES TO OFFI		CTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			Cha	
NAME	BECKER, WERNER JACK		1.2 NAM	Ε			
STREET ADDRESS 8990 S W 8TH ST			1.3 STREET ADDRESS				
CITY-ST-ZIP	PLANTATION FL		1.4 CITY-ST-ZIP				
TITLE	VD DELETE		2.1 TITLE			☐ Cha	inge Addition
NAME	CHILDS, ROBERT		22 NAM	E			
STREET ADDRESS	724 S W 14TH CT		2.3 STREET ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL		2. 4 CITY-ST-ZIP		ę.		
TOLE	STD	☐ DELETE	3.1 TITLE			☐ Cha	inge 🔲 Addition
NAME	WAHŁ, WILLIAM		3.2 NAM	£			
STREET ADDRESS	4400 O 144 00DD 410T		3.3 STREET ADDRESS				
CITY-ST-ZIP	DAVIE FL		3.4, CITY	'-ST-ZIP			
TITLE		DELETE 4.1				Cha	inge 🔲 Addition
NAME			4. 2 NAM	1E			
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			4.4 CITY	-ST-ZIP			
TITLE	,	DELETE	5.1 TITLE			☐ Cha	inge Addition
NAME			5.2 NAM	ŧ			
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY	-ST-ZIP			
TITLE	☐ DELETE		61 TITLE			Cha	nge Addition
NAME			6.2 NAM	E			
STREET ADDRESS			6.3 STRE	ET ADDRESS			

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 or the receiver or trusted 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 any attachment with an address. WILLIAM WAHL 1-8-98