

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfani
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S92475** (0)

1. Corporation Name

GERIGAMES, INC.



Principal Place of Business

Mailing Address

**C/O STANLEY E. ISRAEL ESQ.
450 NORTH PARK ROAD SUITE 805
HOLLYWOOD FL 33021
US**

**C/O STANLEY E. ISRAEL ESQ.
450 NORTH PARK ROAD SUITE 805
HOLLYWOOD FL 33021
US**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

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City & State

City & State

23

28

Zip

Country

Zip

Country

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9. Name and Address of Current Registered Agent

**ISRAEL, STANLEY E.
450 NORTH PARK ROAD, SUITE 805
HOLLYWOOD FL 33021**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

11/06/1991

3a. Date of Last Report

04/24/1995

4. FEI Number

65-0293484

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.01(2) and 607.1503, Florida Statutes, the above named corporation is filing 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 607.01(2), Florida Statutes.

SIGNATURE

Signature of the person who is the registered agent for the corporation

Signature of the Secretary of State or the person who is the registered agent for the corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
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NAME
STREET ADDRESS
CITY, ST, ZIP

**D
ISRAEL, RODGER
3333 BROOKVIEW HILLS BLVD.
WINSTON-SALEM NC**

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP
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93. TITLE
94. NAME
95. STREET ADDRESS
96. CITY, ST, ZIP
97. TITLE
98. NAME
99. STREET ADDRESS
100. CITY, ST, ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RODGER D. ISRAEL

PRESIDENT 3/ /96 (910) 765-5250

DATE

CR2E034 (12/95)