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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V16337** 

(0)

GAME CHALLENGE, INC. Principal Place of Business Mailing Address 3200 N FEDERAL HWY 3200 N FEDERAL HWY **SUITE 120** SUITE 120 FT LAUDERDALE FL 33306 FT LAUDERDALE FL 33306-1064 3. Date Incorporated or Qualified 3a. Date of Last Report 02/20/1992 08/06/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0360479 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 Florida Statutes 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PERRY, PAUL 3200 N FEDERAL HWY **B2** Street Address (P.O. Box Number is Not Acceptable) SUITE 120 83 FT LAUDERDALE FL 33306 R4 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits 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 607.0505, Florida Statutes. SIGNATURE Signature, typed or perited name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE Change 1.1 TITLE Addition PERRY, PAUL NAME 1.2 NAME 3200 N FEDERAL HWY #120 STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL CHY-ST-ZIF 1.4 CITY - ST - ZiP TITLE DELETE 2.1 TITLE ☐ Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-S\*-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE Change 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHY-ST-ZIP 3.4. CITY-\$1-ZIP DELETE TIFLE 4.1 TITLE Change Addition NAMÉ 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE THEE 5.1 TITLE Addition NAM: 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY - \$1 - ZIP DELETE TITLE 6.1 TITLE Charige Addition NAME 6.2 NAME

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fforida 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.

**6.3 STREET ADDRESS** 

6.4 CITY - ST - ZIP

**SIGNATURE** 

STREET ADDRESS

CITY - ST - ZIP

DIATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/97

1-954-561-4422

(96/6)

**FILED** 

Apr 22 1997 8:00am

Secretary of State