**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **V21836** 1. Corporation Name

VIDEO GAMETRADER, INC.

Principal Place of Business		Mailing Address	
712 PONCA TRAIL MAITLAND FL 32751	)	712 PONCA TRAIL MAITLAND FL 32751	

## May 01, 1999 8:00 am Secretary of State

05-01-1999 90097 008 \*\*\*150.00



	e or business	-			I		
712 PONCA TRA	AIL	712 PONÇA TRAIL					
MAITLAND FL 3	2751	MAITLAND FL 32751			DO NOT WRITE IN	THIS SDACE	
	)					THIS SPACE	
					3. Date Incorporated or Qualifed		
					03/18/1992	1 1 4	
2. Principal Pl	lace of Business	2a. Mailing Address	5		4. FEI Number	<del></del>	pplied For
21		26			59-3117613		lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, et	c.		5. Certifcate of Status Desired		Additional tequired *
City & State	e	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Cor	untry	8. This corporation owes the current year	ar Intangible	
24	25	29	30		Personal Property Tax.	Yes	□No
24	9. Name and Address of Curre		1921	T	10. Name and Address of New Registe	ered Agent	
	or italia and radiood or outro			81 Name			
GAG	NON, ROBIN M.			Wit	VKLER , ROBYN M Idress (P.O. Box Number is Not Acceptable)		
	PONCA TRAIL			82 Street Ad	Idress (P.O. Box Number is Not Acceptable)		
	LAND FL 32751			83	PONCA TRAIL		
MICH	DANG I E OZIOI			65			}
				84 City	AITLAND		Code 2.151
11 Purcuant	to the provisions of Sections 607 05	02 and 607.1508. Florida	Statutes, the a	abous named as	moration submits this statement for the nurnor	se of changing it	s registered
office or	egistered agent, or both, in the State	of Florida, Such change	was authorize	d by the corpora	ation's board of directors. I hereby accept the a	appointment as a	egistered
agent. Kai	m familiar With, and accept the oblig	ations by, Election 607.050	JS, Fiorida Sta	iuies.	1/20	laa	ļ
SIGNATURE	Signature, yeed or punted name of registered ap-	when -	(NOTE: Planisters	d Agent elegatum regi	uired when reinstating)	[l	\
12,		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECT	ORS IN 12
TITLE	D OFFICERS A	DELI		ITTLE	, , , , , , , , , , , , , , , , , , , ,	Change	
			1	VAME			ļ
NAME	GAGNON, RONALD E.						
STREET ADDRESS	712 PONCA TRAIL		1.3 8	STREET ADDRESS			1
City-St-ZIP	MAITLAND FL 32751						1
				CITY-ST-ZIP		<b>⊠</b> Change	Addition
TITLE .	D	☐ DELI	ETE 2.1 T	TITLE	) LUCE COMMIN	<b>⊠</b> Change	Addition
TITLE.	D Gagnon, Robin M.	□ DELI	ETE 2.1 T	TITLE J	VINKLER, ROBIN M	<b>⊠</b> Change	Addition >
	D	□ ĐELI	ETE 2.1 T	VAME VAME	112 PONCA TRAIL	<b>⊠</b> Change	Addition
NAME	D Gagnon, Robin M.		2.1 T 2.2 M 2.3 S 2.4 4	VAME VAME	O VINKLER, ROBYN M 112 PONCA TRAIL MAITUAND, FL 32751	<del>-</del> -"	
NAME STREET ADDRESS	D Gagnon, Robin M. 712 Ponca Trail	□ DELI	2.1 T 2.2 M 2.3 S 2.4 4	VAME VAME	112 PONCA TRAIL	Change	
NAME STREET ADDRESS CITY-ST-ZIP	D Gagnon, Robin M. 712 Ponca Trail		2.1 T 2.2 N 2.3 S 2.4 I ETE 3.1 T	NAME STREET ADDRESS CITY-ST-ZIP	112 PONCA TRAIL	<del>-</del> -"	
NAME STREET ADDRESS CITY-ST-ZIP TITLE	D Gagnon, Robin M. 712 Ponca Trail		2.1 T 2.2 M 2.3 S 2.44 ETE 3.1 T 3.2 M	TITLE  VAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	112 PONCA TRAIL	<del>-</del> -"	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D Gagnon, Robin M. 712 Ponca Trail		2.1 T 2.2 M 2.3 S 2.4 U 3.1 T 3.2 M 3.3 S	NAME  VAME  VAME  VOITY-ST-ZIP  TITLE  VAME	112 PONCA TRAIL	<del>-</del> -"	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gagnon, Robin M. 712 Ponca Trail		21T 22N 23S 2.41 ETE 31T 32N 33S 34.4	NAME  VAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  VAME  STREET ADDRESS	112 PONCA TRAIL	<del>-</del> -"	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D Gagnon, Robin M. 712 Ponca Trail	☐ DELI	21T 22N 23S 2.40 21T 32N 33S 34.1 ETE 4.1T	NITLE  VAME  VAME  STREET ADDRESS  // CITY-ST-ZIP  ITLE  STREET ADDRESS  CITY-ST-ZIP  ITTLE	112 PONCA TRAIL	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D Gagnon, Robin M. 712 Ponca Trail	☐ DELI	21T 22N 23S 2.44 31T 32N 3.3S 3.4,1 4.21	NAME  VAME  VAME  CITY-ST-ZIP  TITLE  VAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	112 PONCA TRAIL	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D Gagnon, Robin M. 712 Ponca Trail	☐ DELI	ETE 2.11 2.2N 2.3S 2.44 ETE 3.11 3.2N 3.3S 3.4.1 4.21 4.3S	NAME  VAME  VAME  CITY-ST-ZIP  TITLE  VAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  STREET ADDRESS	112 PONCA TRAIL	Change	Addition
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CITY-ST-ZIP 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 of 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

FROBUN M WINKLEY USIGNATUR€: