

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

FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90010 045 ***150.00

LEG 117

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P26014**

1. Corporation Name
IGT SERVICES, INC.



Principal Place of Business
 1111 LINCOLN ROAD
 4TH FLOOR
 MIAMI BEACH FL 33139-9453

Mailing Address
 1111 LINCOLN ROAD
 4TH FLOOR
 MIAMI BEACH FL 33139-9453

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **600 NE 36th Street**
 Suite, Apt. #, etc.
 22 **Miami, FL**
 City & State
 23 **33137 United States**
 Zip Country

2a. Mailing Address
 26 **600 NE 36th Street**
 Suite, Apt. #, etc.
 27 **Miami, FL**
 City & State
 28 **33137 United States**
 Zip Country

3. Date Incorporated or Qualified
09/13/1989

4. FEI Number
13-3501255

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
MECHANIC, ROY
 1111 LINCOLN RD.
 4TH FLOOR
 MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent
 81 Name **Vincent W. Monard**
 82 Street Address (P.O. Box Number is Not Acceptable)
600 NE 36th Street
 83 **Miami, FL 33137**
 84 City **FL** 85 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 Vincent W. Monard Treasurer DATE April 16, 1999

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTH, ROBERT M.	1.2 NAME	
STREET ADDRESS	1111 LINCOLN RD., 4TH FL	1.3 STREET ADDRESS	600 NE 36th Street
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	Miami, FL 33137
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTH, RICHARD M.	2.2 NAME	
STREET ADDRESS	1111 LINCOLN RD., 4TH FL	2.3 STREET ADDRESS	600 NE 36th Street
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	Miami, FL 33137
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MECHANIC, ROY	3.2 NAME	MONARD, VINCENT
STREET ADDRESS	1111 LINCOLN RD., 4TH FL	3.3 STREET ADDRESS	600 NE 36th Street
CITY-ST-ZIP	MIAMI BEACH FL	3.4 CITY-ST-ZIP	Miami, FL 33137
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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 a letter like empowered.

SIGNATURE: Vincent W. Monard DATE 4/16/99 DAYTIME PHONE # (305) 573-2800

CR2E034 (1/98)