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FILED
Mar 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000002935 (3)**

1. Corporation Name

INTERNATIONAL LAW ENFORCEMENT GAMES, INC.

Principal Place of Business

**2014 KENNETH ST
JACKSONVILLE FL 32207**

Mailing Address

**2014 KENNETH ST
JACKSONVILLE FL 32207**

3. Date Incorporated or Qualified

06/16/1995

4. FEI Number

31-1292575

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**AKEL, DANIEL D ESO
ONE INDEPENDENT SQUARE, SUITE 2301
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BRUTON, JOHN	
STREET ADDRESS	2014 KENNETH ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BAUERS, NORB	
STREET ADDRESS	2014 KENNETH ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MAXEY, BUD	
STREET ADDRESS	2014 KENNETH ST	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PARIS, BRAD	
STREET ADDRESS	2014 KENNETH ST	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BINGLE, DOUG	
STREET ADDRESS	2014 KENNETH ST	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CASEY, MIKE	
STREET ADDRESS	2014 KENNETH ST	
CITY-ST-ZIP	JACKSONVILLE FL 32207	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Norman O. Demers	
1.3 STREET ADDRESS	2014 Kenneth St	
1.4 CITY-ST-ZIP	Jacksonville, FL 32207	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Norman O. Demers* Norman O. Demers

January 23, 1998 (904)355-8825

CR2E037 (10/97)