

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED

99 SEP 29 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000002935

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt #, etc.		26 Suite, Apt #, etc.		06/16/1995	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		31-1292575	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

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 Akel, Daniel D. (ESQ)

(NOTE: Registered Agent signature required when reinstating)

DATE

9-20-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	M	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMERS, NORMAN O	1.2 NAME	8000003006438--2
STREET ADDRESS	2014 KENNETH ST	1.3 STREET ADDRESS	-10/05/99--01106--007
CITY-ST-ZIP	JACKSONVILLE FL 32207	1.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	PD	2.1 TITLE	VD
NAME	BAUERS, NORB	2.2 NAME	
STREET ADDRESS	2014 KENNETH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	PD
NAME	MAXEY, BUD	3.2 NAME	
STREET ADDRESS	2014 KENNETH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	
NAME	PARIS, BRAD	4.2 NAME	
STREET ADDRESS	2014 KENNETH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	TD
NAME	BINGLE, DOUG	5.2 NAME	
STREET ADDRESS	2014 KENNETH ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	5.4 CITY-ST-ZIP	
TITLE	TD	6.1 TITLE	SD
NAME	CASEY, MIKE	6.2 NAME	
STREET ADDRESS	2014 KENNETH ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)