

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

**PROFIT CORPORATION ANNUAL REPORT 1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

**98 APR 14 PM 1:29**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F97000004462 (4)**

1. Corporation Name  
**WORLD GAMING CONSULTANTS, INC.**



Principal Place of Business Mailing Address  
**C/O BAKER & MCKENZIE, KENNETH F. CLAUSSEN  
701 BRICKELL AVE STE 1600  
MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**08/25/1997**

4. FEI Number **65-0777115** Applied For  
**-APPLIED FOR-** Not Applicable

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 or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 **1209, Orange Street** 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.

22  
City & State 27  
**Wilmington, Delaware** 28  
City & State

24 Zip 25 Country 29 Zip 30 Country  
**18801 United States**

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**CLAUSEN, KENNETH F  
C/O BAKER & MCKENZIE, KENNETH F. CLAUSSEN  
701 BRICKELL AVE STE 1600  
MIAMI FL 33131**

81 Name **CT Corporation System**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1200 South Pine Island Rd.**

83

84 City **Plantation** FL 85 Zip Code **33324**

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, as required by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Sections 607.0502 and 607.1508, Florida Statutes.

SIGNATURE Connie Bryan **CONNIE BRYAN** SPECIAL ASSISTANT SECRETARY DATE **4/14/98**

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PCD</b>	<input type="checkbox"/> DELETE
NAME	<b>CRETE, MICHEL</b>	
STREET ADDRESS	<b>500 SHERBROOKE WEST</b>	
CITY-ST-ZIP	<b>MONTREAL CANADA</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>ROITER, LYNNE</b>	
STREET ADDRESS	<b>500 SHERBROOKE WEST</b>	
CITY-ST-ZIP	<b>MONTREAL CANADA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>TRUDEL, VINCENT</b>	
STREET ADDRESS	<b>500 SHERBROOKE WEST</b>	
CITY-ST-ZIP	<b>MONTREAL CANADA</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>HOULE, GERALD</b>	
STREET ADDRESS	<b>500 SHERBROOKE WEST</b>	
CITY-ST-ZIP	<b>MONTREAL CANADA</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>500002490045--3</b>
1.4 CITY-ST-ZIP	<b>-04/16/98--01013--023</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>***150.00 ***150.00</b>
2.3 STREET ADDRESS	<b>500002490045--3</b>
2.4 CITY-ST-ZIP	<b>-04/16/98--01013--024</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>*****8.75 *****8.75</b>
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE [Signature] **April 21 1998 (KIM) 499-4150**

CF2E034 (10/97)