PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

May 06, 1999 8:00 am Secretary of State 05-06-1999 90003 031 ***150.00

=::

=::

= ::: **=** (b

=:::

----=:-

冒!!

	1999	DIVISI	DIVISION OF CORPORATIONS]	3003 031	130.00	
1. Corporatio		2104						
IGT INT	ERNATIONAL, INC.				_			
						it erki erri erri i	IMK KIRI IKU	
Principal Plac	e of Business	Mailing Address						
1111 LINCOLN		4TH FLOOR	••					
MIAMI BEACH	FL 33139	1111 LINCOLN RO MIAMI BEACH FL			DO NOT WRITE IN TH	IIS SPACE		į
••		US			3. Date Incorporated or Qualifed			
		•			04/25/1988			
2. Principal P	lace of Business	2a. Mailing Addre	- 214	C1 1	4. FEI Number		plied For	
21 600		Ced 26 (X)-A Suile, Apt. #.		->trect	65-0062154	\$8.75	t Applicable	,
Suite, Apt.	الأستراث	27 Miam			5. Certificate of Status Desired	Fee Re		
City & Stat		City & State			6. Election Campaign Financing	\$5.00	May Be	<u> </u>
23 331	37 United	States 28 3313	7 Uni	ted States	Trust Fund Contribution	Added t		
Zip	Country	Zip	Cou		8. This corporation owes the current year			
24	25	29	30	·	Personal Property Tax.		ZENO_	
	9. Name and Address	of Current Registered Agent		81 Name	10. Name and Address of New Registers	a Agent		1
MEC	CHANICS, ROY				oceat W. Moourd			
	1 LINCOLN ROAD			82 Street Addre	ss (P.O. Box Number is Not Acceptable)			
MIA	MI BEACH FL 33139			83	NE 36 DIVEC			
				Mian	i FL 33137	. 85 Zip (
ı				84 City	· F			
11. Pursuant	to the provisions of Section	ns 607.0502 and 607.1508, Florid	a Statutes, the a	bove-named corpo	ration submits this statement for the purpose	of changing its	registered	
office or i	registered agent, or both, it am familiar with, and accep	n the State of Florida. Such chang t the obligations of, Section 607.0	e was authorized 505, Florida Stati	t by the corporation utes.	oration submits this statement for the purpose or's board of directors. I hereby accept the app	IOINTHEIN BS 109	Jisterou	
SIGNATURE	V ~ ~ k/	Monay			57/7/99			i
	Signature, typed or printed name of	registered agent and title if applicable. FICERS AND DIRECTORS	(NOTE: Registered	Agent signature required	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	CR2E034 (11/98)
12.	DP SF	DE		T.E		Change	Addition	=
NAME	ROTH, ROBERT M.		1.2 N	I				×
STREET ADDRESS			1.3 57	REET ADDRESS				Ö
CITY-ST-ZIP	MIAMI BEACH FL		1.40	TY-ST-ZIP				82
TITLE		□ DE	LETE 2.1 TI	TLE		Change	☐ Addition	O
NAME	}		22 N	ME				
STREET ADDRESS			2.3 \$1	REET ADDRESS				
CITY-ST-ZIP				ITY-ST-ZIP		Change	Addition	
TITLE		□ DE					ا المحدد ال	
NAME			32 NJ	REET ADDRESS				l
. STREET ADDRESS				ITY-ST-ZIP				
CITY-ST-ZIP	 	□ DE				Change	Addition	i i
NAME	1	_ :	1	1				. !
		-	4.276	AME !			Ī	
STREET ADDRESS		·		AME REET ADDRESS			ļ	Í
STREET ADDRESS			43 ST 4.4 CF	1				
ļi.		O DE	43 ST 4.4 CT LETE 5.1 TT	TREET ADDRESS TY-ST-ZIP TLE		☐ Change	☐ Addition	
CITY-ST-ZIP		DE	43 ST 4.4 CF LETE 5.1 TH 5.2 NA	TREET ADDRESS TY-ST-ZIP TLE		☐ Change	Addition	
CITY-ST-ZIP TITLE			43 ST 44 CF ETE 5.1 TT 5.2 NA 5.3 ST	TY-ST-ZIP TLE NAE TREET ADDRESS		Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			43 ST 44 CF 5.1 TH 5.2 M 5.3 ST 5.4 CF	TY-ST-ZIP TY-ST-ZIP TREET ADDRESS TY-ST-ZIP				
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DE	43 ST 44 CT 5.1 TT 5.2 NA 5.3 ST 5.4 CT ETE 6.1 TT	TY-ST-ZIP TY-ST-ZIP TLE NAME TREET ADDRESS TY-ST-ZIP TLE		☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			43 ST 44 CCF 5.1 TIT 5.2 NM 5.3 ST 5.4 CCF 6.1 TIT 6.2 NM	TY-ST-ZIP TY-ST-ZIP TREET ADDRESS TY-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)(1), 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 all other like empowered.

SIGNATURE:

NO OFFICER OR DIRECTOR Vincent W- Monard