

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 31 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N09665** (3)

1. Corporation Name

**FLORIDA LAW ENFORCEMENT GAMES INCORPORATED**



Principal Place of Business <b>2014 KENNETH ST. P O BOX 9070 (32208) JACKSONVILLE FL 32207</b>	Mailing Address <b>2014 KENNETH ST. P O BOX 9070 (32208) JACKSONVILLE FL 32207-3728</b>
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3. Date Incorporated or Qualified <b>06/10/1985</b>	3a. Date of Last Report <b>04/17/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number <b>59-2659870</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AKEL, DANIEL D.  
2301 INDEPENDENT SQUARE  
JACKSONVILLE FL 32202-2059**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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

**March 20, 1997**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD NAME PARIS, BRAD STREET ADDRESS 14709 CAPRI ROAD CITY-ST-ZIP ORLANDO FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DP NAME DEMERS, NORM STREET ADDRESS 1045 RIVERSIDE AVE #180 CITY-ST-ZIP JACKSONVILLE FL	1.2 NAME	
TITLE	D NAME BALL, WILLIAM STREET ADDRESS 13350 SW 40TH CITY-ST-ZIP MIAMI FL	1.3 STREET ADDRESS	
TITLE	P NAME BAUERS, NORB STREET ADDRESS 8041 SW 20TH PLACE CITY-ST-ZIP DAVIE FL	1.4 CITY-ST-ZIP	
TITLE	TD NAME CASEY, MIKE STREET ADDRESS 2853 NW 108TH AVENUE CITY-ST-ZIP SUNRISE FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D NAME BURTON, JOHN STREET ADDRESS 234 EAT 7TH ST CITY-ST-ZIP TALLAHASSEE FL	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 do 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**March 20, 1997**

Date

**904/355-8825**

Daytime Phone #0004817

CR2E037 (9/96)