## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

(3)

## FLORIDA LAW ENFORCEMENT GAMES INCORPORATED

**FILED** Mar 05 1998 8:00am Secretary of State



Principal Place of Business Mailing Address									f neginian am agirê rêrkê Biria Biribi ê)	II GABEL BIBIL BIBIL GABIL	ALDII DIĞIL FOOL	
2014 KENNETH ST. P O BOX 9070 (32208) P O BOX 9070 (32208)  JACKSONVILLE FL 32207  ACKSONVILLE FL 32207									3. Date Incorporated or Qualified 06/10/1985			
JACKSONVILLE FL 32207 JACKSONVILLE FL 32207								4	I. FEI Number	A	Applied For	
									59-2659870	h	lot Applicable	
2. Principal Place of Business 2a. Mailing Address							•	5	Certificate of Status Desired	<b>\$8.75</b>	Additional	
21 Suite Ant	# eto	26	Suite, Apt. #, etc.						Fee F	Required		
Suite, Apt. #, etc. Suite, Apt. #, etc. 27									Election Campaign Financing     Trust Fund Contribution	00.5\$ □	May Be to Fees	
I City & State I City & State									. Is this nonprofit corporation a hom			
23			28	<del></del>					☐ Yes 🔀 No			
Zip 24	Country			Zip Cou			- 11115 doi pord		. This corporation owes or has paid			
24 25 9. Name and Address of Current				29 30 Registered Agent				Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent				
		tont nogia	torou Aguill		81	Name	10	, Haile and Address of New Hegi	stered Agent			
AKEL, DANIEL D.												
2301 INDEPENDENT SQUARE						82	Street A	Street Address (P.O. Box Number is Not Acceptable)				
1												
JACKSONVILLE FL 32202-2059							City			- 85 Zip	Code	
11. Pursuant i	in the provisi	one of Sections 617 (	1502 and 6	17 1508 Florida Statut	too the al		namod c	noznaratio	on submits this statement for the pur	FL 3 2 P	<u> </u>	
onice or n	ent, or both, in the St	ate of Fioric	ia. Such change was , Section 617.0503, Fi	authorize	a by	the corpo	oration's	board of directors. I hereby accept	the appointment as	registered		
į į							D. Al	ke1	Febr	uary 25	1998	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re							nt signature r		en reinstating)	DATE		
12.	VO	OFFICERS	AND DIREC		13.				ADDITIONS/CHANGES TO OFFICE			
TITLE		RDAD		☐ DELETE 1.1 T						Change	☐ Addition	
NAME STREET ADDRESS	PARIS, BRAD 14709 CAPRI ROAD			1.2 N								
	ORLANDO FL					1.3 STREET ADDRESS 1.4 City-St-Zip					ļ ļ	
CITY-ST-ZIP TITLE	DP			DELETE 2,1 T/1		_	T-ZIP			Change	Addition	
NAME	DEMERS	. NORM		C	2.2 NAME					C CHAINGE		
STREET ADDRESS	1045 RIVERSIDE AVE #180				2.3 STREET		ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL			2.4 C								
TITLE	D			DELETE 3.1 TII			1-211			Change	Addition	
NAME	BALL, W	ILLIAM			3.2 NA							
STREET ADDRESS	13350 SW 40TH						ADDRESS					
CITY-ST-ZIP	MIAM! F	•		3.4. CI								
TITLE	P			☐ DELETE	4.1 Til	_				☐ Change	☐ Addition	
NAME	BAUERS				4. 2 N/	ME					_	
STREET ADDRESS	8041 SW	20TH PLACE		4.3 \$1			ADDRESS					
CITY-ST-ZIP	DAVIE FI	-			4.4 CIT	Y-S1	- ZIP		•			
TITLE	TD			☐ DELETE	5.1 TITLE			·		Change	Addition	
NAME	CASEY,				5.2 NA	ME			•		1	
STREET ADDRESS		108TH AVENUE			5.3 ST	AEET /	ADDRESS					
CITY-ST-ZIP	SUNRISE	FL			5.4 CIT	Y-ST	-ŻIP		:		}	
TITLE	D			DELETE	6.1 TIT				· • • · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition	
NAME	BURTON				6.2 NA	MĚ						
STREET ADDRESS	234 EAT				6.3 ST	REET A	ADDRESS				ļ.	
CITY-ST-ZIP	TALLAHA	SSEE FL			6.4 CIT	Y-ST	- ZIP					

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 op an attachment with an address.