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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N09665

1. Corporation Name

FLORIDA LAW ENFORCEMENT GAMES INCORPORATED

Principal Place of Business

2014 KENNETH ST.
P O BOX 9070 (32208)
JACKSONVILLE FL 32207

Mailing Address

2014 KENNETH ST.
P O BOX 9070 (32208)
JACKSONVILLE FL 32207



2. Principal Place of Business

21 (NO more P.O. Box)

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 (No more P.O. Box)

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/10/1985

4. FEI Number

59-2659870

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

AKEL, DANIEL D.
2301 INDEPENDENT SQUARE

JACKSONVILLE FL 32202-2059

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

Daniel D. Akel

3-22-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **PARIS, BRAD**
14709 CAPRI ROAD
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **DEMERS, NORM**
1045 RIVERSIDE AVE #180
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **BALL, WILLIAM**
13350 SW 40TH
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **BAUERS, NORB**
8041 SW 20TH PLACE
CITY-ST-ZIP **DAVE FL**

TITLE ☒ DELETE
NAME **TD**
STREET ADDRESS **CASEY, MIKE**
2853 NW 108TH AVENUE
CITY-ST-ZIP **SUNRISE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **D**
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **TD**
5.3 STREET ADDRESS **Douglas Bingle**
310 MIRAMAR Road
5.4 CITY-ST-ZIP **LAKELAND, FL 33803**

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **H.B. maxey President**
6.3 STREET ADDRESS **3333 W. Sligh Ave**
6.4 CITY-ST-ZIP **Tampa, FL 33614**

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 Required
Norm Demers

3/22/99

904/396-9977

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)