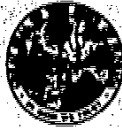


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

95 JUN 23 AM 10: 10

**CORPORATION
ANNUAL REPORT
1995**



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

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P93000031393 (0)

1. Corporation Name

DYNAMIC WORLD DISTRIBUTORS, INC.

LottoWorld, INC. [see enclosed articles of incorporation amendment]

Principal Place of Business

2150 GOODLETTE ROAD
STE - 200
NAPLES FL 33940
US

2150 GOODLETTE ROAD
STE - 200
NAPLES FL 33940
US

900001523009
-06/26/95--01043--018
***225.00 ***225.00

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

21 same

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

04/29/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0399794

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**BRADY THOMAS R
2411 TAMMAM TRAIL NORTH
SUITE 200
NAPLES FL 33940**

10. Name and Address of New Registered Agent

81 Name **James Cullen P.A.**
82 Street Address (P.O. Box Number is Not Acceptable) **2150 Goodlette Rd. suite 400**
83
84 City **Naples** **FL** 85 Zip Code **33940**

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. 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 607.0505, Florida Statutes.

SIGNATURE

James Cullen

James Cullen

5/23/95

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DCD
NAME	SCHROEDER, DENNIS B
STREET ADDRESS	2150 GOODLETTE ROAD / STE - 200
CITY - ST - ZIP	NAPLES FL
TITLE	DPD
NAME	HOLMAN, ALLAN R
STREET ADDRESS	2150 GOODLETTE ROAD / STE - 200
CITY - ST - ZIP	NAPLES FL
TITLE	ST
NAME	SCHROEDER, JUDITH A
STREET ADDRESS	2150 GOODLETTE ROAD / STE - 200
CITY - ST - ZIP	NAPLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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:

Judith A. Schroeder

Judith A. Schroeder

5/23/95

813-643-1677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secy/Treasurer

Date

Telephone #