

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000031393 (0)

1. Corporation Name
LOTTOWORLD, INC.



Principal Place of Business: 2150 GOODLETTE ROAD, STE - 200, NAPLES FL 33940, US
Mailing Address: 2150 GOODLETTE ROAD, STE - 200, NAPLES FL 33940, US

3. Date Incorporated or Qualified: 04/29/1993
3a. Date of Last Report: 06/23/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. (22)
2a. Mailing Address (26) Suite, Apt. #, etc. (27)

4. FEI Number: 65-0399794
Applied For: Not Applicable

22. City & State (23)
27. City & State (28)

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

23. Zip (24) Country (25)
28. Zip (29) Country (30)

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CULLEN, JAMES P.A.
2150 GOODLETTE RD.
STE. 400
NAPLES FL 33940

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

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: _____ (NOTE: Registered Agent signature required when reinstating.) DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DCD	<input type="checkbox"/> DELETE
NAME	SCHROEDER, DENNIS B	
STREET ADDRESS	2150 GOODLETTE ROAD / STE - 200	
CITY - ST - ZIP	NAPLES FL	
TITLE	DPD	<input type="checkbox"/> DELETE
NAME	HOLMAN, ALLAN R	
STREET ADDRESS	2150 GOODLETTE ROAD / STE - 200	
CITY - ST - ZIP	NAPLES FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	SCHROEDER, JUDITH A	
STREET ADDRESS	2150 GOODLETTE ROAD / STE - 200	
CITY - ST - ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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)(k), 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 its 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 appointment with an address.

SIGNATURE: *Judith A Schroeder* 4-29-96 941 643-1677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/116 Phone #

CR2E034 (12/95)