


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 22, 1999 8:00 am
Secretary of State

09-22-1999 90010 030 ***558.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000031393

1. Corporation Name
LOTTOWORLD, INC.



Principal Place of Business 2150 GOODLETTE ROAD STE - 200 NAPLES FL 34102 US	Mailing Address 2150 GOODLETTE ROAD STE - 200 NAPLES FL 34102 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/29/1993

2. Principal Place of Business 21 9933 Alliance Road Suite, Apt. #, etc. City & State Cincinnati, OH Zip 45242 Country U.S.	2a. Mailing Address 26 9933 Alliance Road Suite, Apt. #, etc. City & State Cincinnati, OH Zip 45242 Country U.S.
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4. FEI Number 65-0399794	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CULLEN, JAMES P.A.
 2150 GOODLETTE RD.
 STE 200
 NAPLES FL 34102

10. Name and Address of New Registered Agent

81 Name OT Corporation System	82 Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road	83	84 City Plantation	85 State FL	86 Zip 31890
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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 C. A. Record **C. A. Record, Asst. Secretary** 9-17-99
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Doñald J. Rahilly	
1.3 STREET ADDRESS 9933 Alliance Road	
1.4 CITY-ST-ZIP Cincinnati, OH 45242	
2.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Terry Materese	
2.3 STREET ADDRESS 9933 Alliance Road	
2.4 CITY-ST-ZIP Cincinnati, OH 45242	
3.1 TITLE V.P., Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Jonathan Dunay	
3.3 STREET ADDRESS 9933 Alliance Road	
3.4 CITY-ST-ZIP Cincinnati, OH 45242	
4.1 TITLE V.P., Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME Robert Zschau	
4.3 STREET ADDRESS 9933 Alliance Road	
4.4 CITY-ST-ZIP Cincinnati, OH 45242	
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] **SIGNATURE REQUIRED** 9-15-99 513-984-0710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)