

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 6/30: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO HEAR STATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

95 JUN 13 AM 8:12

**DOCUMENT # P93000059319 (2)**

1. Corporation Name

**CARIBBEAN CASINO TECHNOLOGY, INC.**

Principal Place of Business

10730 SW 10TH CT.  
DAVIE FL 33324

Mailing Address

10730 SW 11TH CT.  
DAVIE FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/20/1993** 3a. Date of Last Report **04/07/1994**

4. FEI Number **65-0439285** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

6. This corporation has liability for intangible tax under s. 193.092, Florida Statutes  Yes  No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**SUGAR, EDMOND L ESO  
950 S. FEDERAL HWY  
HOLLYWOOD FL 33020**

10. Name and Address of New Registered Agent

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

**FL**

05 Zip Code

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

Signature, typed or printed name of registered agent and FEI # applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P**  
NAME **HEALY, R S**  
STREET ADDRESS **10730 SW 10TH CT.**  
CITY - ST - ZIP **DAVIE FL 33324**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11-12  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1 1 TITLE  
1 2 NAME  
1 3 STREET ADDRESS  
1 4 CITY - ST - ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

2 1 TITLE  
2 2 NAME  
2 3 STREET ADDRESS  
2 4 CITY - ST - ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

3 1 TITLE  
3 2 NAME  
3 3 STREET ADDRESS  
3 4 CITY - ST - ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4 1 TITLE  
4 2 NAME  
4 3 STREET ADDRESS  
4 4 CITY - ST - ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5 1 TITLE  
5 2 NAME  
5 3 STREET ADDRESS  
5 4 CITY - ST - ZIP

Change  Addition

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 110.07(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 the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/95

305 928-5776

CR2E034 (3/95)