

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 # **P93000075632**

1. Corporation Name

LOTTEY CONSULTING, INC.

Principal Place of Business

**5851 HOLMBERG ROAD #3621
PARKLAND, FL 33067**

Mailing Address

**5851 HOLMBERG ROAD #3621
PARKLAND, FL 33067**

2. Principal Place of Business

2a. Mailing Address

21 **5851 HOLMBERG ROAD**

26 **5851 HOLMBERG ROAD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **3621**

27 **3621**

City & State

City & State

23 **PARKLAND, FL**

28 **PARKLAND, FL**

Zip

Country

Zip

Country

24 **33067**

25 **BROWARD**

29 **33067**

30 **BROWARD**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11-02-1993

3a. Date of Last Report

04-09-95

4. FEI Number

65-0445477

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**

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

10. Name and Address of New Registered Agent

81 Name

PHILIP M. LOWRY

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

5851 HOLMBERG ROAD #3621

83

84 City

PARKLAND

FL

85 Zip Code

33067

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

Philip M. Lowry

Signature typed or printed name of registered agent

(Printed Name of Agent Signature is required when changed)

04-02-96

DATE

12. OFFICERS AND DIRECTORS

TITLE **PTSD** ☐ DELETE
NAME **PHILIP M. LOWRY**
STREET ADDRESS **5851 HOLMBERG ROAD #3621**
CITY-ST-ZIP **PARKLAND, FL 33067**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

Philip M. Lowry

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-02-96

DATE

954-345-8915

Daytime Phone

CR2E034 (12/95)

PM 4-12-96