


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000075632 (8)					
1. Corporation Name LOTTERY CONSULTING, INC.					
Principal Place of Business 5851 HOLMBERG ROAD 3621 PARKLAND FL 33067			Mailing Address 5851 HOLMBERG ROAD 3621 PARKLAND FL 33067-4518		
2. Principal Place of Business 21 2762 E. ORCHARD CIR. Suite, Apt. #, etc.		2a. Mailing Address 26 2762 E. ORCHARD CIR. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 11/02/1993	
22 City & State 23 DAVIE, FL		27 City & State 28 DAVIE, FL		3a. Date of Last Report 04/12/1996	
24 33328 25 US		29 33328 30 US		4. FEI Number 65-0445477	
9. Name and Address of Current Registered Agent LOWRY, PHILIP M 5851 HOLMBERG ROAD #3621 PARKLAND FL 33067				5. Certificate of Status Desired <input 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent				7. Date of Last Report	
81 Name					
82 Street Address (P.O. Box Number is Not Acceptable)					
83					
84 City DAVIE				85 Zip Code 33328	
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 <i>Philip M. Lowry</i> PHILIP M. LOWRY 4/9/97					
12. OFFICERS AND DIRECTORS					
1.1 TITLE PTSD					
1.2 NAME LOWRY, PHILIP M					
1.3 STREET ADDRESS 5851 HOLMBERG ROAD #3621					
1.4 CITY-ST-ZIP PARKLAND FL 33067					
2.1 TITLE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE					
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5.4 CITY-ST-ZIP					
6.1 TITLE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE PTSD					
1.2 NAME LOWRY, PHILIP M.					
1.3 STREET ADDRESS 2762 EAST ORCHARD CIRCLE					
1.4 CITY-ST-ZIP DAVIE, FL 33328					
2.1 TITLE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
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5.4 CITY-ST-ZIP					
6.1 TITLE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
14. I do 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: <i>Philip M. Lowry</i> PHILIP M. LOWRY 4/9/97 954-723-0374					



CR2E034 (9/96)