

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 MAR 21 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000001233 (3)

1. Corporation Name
TELEPHONE GAMBLING COMPANY, INC.

Principal Place of Business Mailing Address
3080 N COURSE DRIVE 3080 N COURSE DRIVE
BUILDING 51, #108 BUILDING 51, #108
POMPANO BEACH FL 33069 POMPANO BEACH FL 33069

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
01/06/1994

4. FEI Number Applied For
65-045-7164 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

2. Principal Place of Business 2a. Mailing Address
21 4800 N.W. 2nd Avenue 26 4800 N.W. 2nd Avenue

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 The Plaza - Suite 2 27 The Plaza - Suite 2

City & State City & State
23 Boca Raton, FL. 28 Boca Raton, FL.

Zip Country Zip Country
24 33431 25 U.S.A. 29 33431 30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TSAKANIKAS, PETER J
3080 N COURSE DRIVE
BUILDING 51, #108
POMPANO BEACH FL 33069

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCEO
NAME TSAKANIKAS, PETER J
STREET ADDRESS 3080 N COURSE DRIVE, BLDG 51 #108
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE TD
NAME TSAKANIKAS, PETER J
STREET ADDRESS 3080 N COURSE DRIVE, BLDG 51 #108
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE VSTD
NAME JAMES, BETTY
STREET ADDRESS 9107 GAITHER ROAD, MEZZANINE
CITY-ST-ZIP GAITHERSBURG MD 20877

TITLE SD
NAME RAND, THOMAS S JR
STREET ADDRESS 9107 GAITHER ROAD, MEZZANINE
CITY-ST-ZIP GAITHERSBURG MD 20877

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 SD
4.3 STREET ADDRESS Thomas, Robert L.
4.4 CITY-ST-ZIP 17265 Lake Park Road
Boca Raton, Fl. 33487

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: *Peter J. Tsakanikas* Peter J. Tsakanikas, Pres. 3/17/95 407 998-0060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Phone No.)