

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
 Jul 23 1998 8:00am  
 Secretary of State



PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # P95000007157 (7)

1. Corporation Name  
 MILLAMAX GAMING CORP.



Principal Place of Business  
 1060 LEE WAGENER BLVD.  
 SUITE 303  
 FT. LAUDERDALE FL 33315  
 US

Mailing Address  
 1060 LEE WAGENER BLVD.  
 SUITE 303  
 FT. LAUDERDALE FL 33315  
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
 01/27/1995

4. FEI Number

65-0582807

Applied For  
 Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing  
 Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

25 Country

28 Zip

30 Country

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSEN, LAWRENCE  
 2925 AVENTURA BLVD.  
 SUITE 306  
 AVENTURA FL 33180

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CFO  
 NAME JOHNSON, RICHARD F.  
 STREET ADDRESS 1050 LEE WAGENER BLVD., SUITE 303  
 CITY-ST-ZIP FT. LAUDERDALE FL  DELETE

1.1 TITLE PVC  Change  Addition  
 1.2 NAME ROSS, DAVID  
 1.3 STREET ADDRESS 6860 LIONS HEAD LANE  
 1.4 CITY-ST-ZIP BOCA RATON, FL 33496  Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  DELETE

2.1 TITLE  
 2.2 NAME PETRILLO, ADAM  
 2.3 STREET ADDRESS 172 CAMDEN DRIVE  
 2.4 CITY-ST-ZIP BAL HARBOUR, FL 33154  Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  DELETE

3.1 TITLE  
 3.2 NAME  
 3.3 STREET ADDRESS CLINGENPEEL, JERRY  
 3.4 CITY-ST-ZIP 16503 DIAMOND PLACE  
 WESTON, FL 33331  Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  DELETE

4.1 TITLE  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP  Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  DELETE

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  DELETE

6.1 TITLE  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP  Change  Addition

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: *[Handwritten Signature]*

7/16/98

954-359-0111

CR2E034 (5/98)