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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DiVISION OF CORPORATIONS

**FILED** 

May 13 1997 8:00am

Secretary of State

Change

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Addition

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DOCUMENT # P95000019896 (6)

IGT TELECOMMUNICATIONS GROUP, INC.

Principal Place of Business Mailing Address 1111 LINCOLN ROAD 1111 LINCOLN ROAD 4TH FLOOR 4TH FLOOR MIAMI BEACH FL 33139-2439 MIAMI BEACH FL 33139 3. Date Incorporated or Qualified 3a. Date of Last Report 03/10/1995 05/01/1996 2. Principal Place of Business 28. Mailing Address 4. FEI Number Applied For 65-0571144 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country This corporation has liability for intangible tax under s. 199.032, Florida Statutes 24 25 30 Yes No 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MECHANIC, ROY M 1111 LINCOLN ROAD, 4TH FLOOR Street Address (P.O. Box Number is Not Acceptable) MIAMI BEACH FL 33139 83 84 City 85 Zip Corle 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 little if applicable (NOTE flegistered Agent is gnature required when reinstating) OFFICERS AND DIRECTORS (96/6) 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 🔲 DELETE ☐ Change Addition TITLE 1.1 100 ( MECHANIC, ROY NAME 1.2 NAME CR2E034 1111 LINCOLN RD STREET ADDRESS 1.3 STREET ADDRESS MIAMI BEACH FL 33139 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2 1 101 F NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - \$1 - ZIP

3.1 TITLE

32 NAME 33 STREET ADDRESS

4.1 TILLE

4. 2 NAME

5.1 TITLE 5.2 NAME

6 1 TITLE

6.2 NAME

3.4 CITY-\$1-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST-ZIP

4.4 CITY-ST-7IP

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14. I do hereby certify that the information supplied with this filling 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 proof of supplemental or final 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 coursed by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Bytick 12 or Bytick 13 of artistic and that my name address.

OLONIATURE.

TITLE NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADORESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

421/97