

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000064136 (1)**

1. Corporation Name

OPTIMAL GROUP, INC.



Principal Place of Business

Mailing Address

**253 PATRICK MILL CIR.
JACKSONVILLE FL 32082**

**253 PATRICK MILL CIR.
JACKSONVILLE FL 32082**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/17/1995

3a. Date of Last Report

4. FEI Number

59-3337511

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

**MURPHY, ROBERT W ESQ
3215 HENDRICKS AVE., SUITE 2
RIVERPOINT BUILDING
JACKSONVILLE FL 32207**

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 acceptable)

(NOTE: Registered Agent signature required when reappointing)

DATE

MARGARET MCCAFFERTY President 1-31-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**D
MCCAFFERTY, MARGARET
253 PATRICK MILL CIRCLE
JACKSONVILLE FL 32082**

1.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

7.1 TITLE ☐ Change ☐ Addition

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Original Phone

Margaret M Cafferty

1-31-96

Box 12735007

CR2E034 (12/95)