

Apr 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000064136 (1)			
1. Corporation Name <b>OPTIMAL GROUP, INC.</b>			
Principal Place of Business <b>253 Patrick Mill Cir Ponte Vedra Beach, FL 32082</b>		Mailing Address <b>SAME</b>	
2. Principal Place of Business		3. Date Incorporated or Qualified <b>8/17/95</b>	
2a. Mailing Address		3a. Date of Last Report	
21. Suite, Apt. #, etc.		4. FEI Number <b>59-3337511</b>	
22. City & State		Applied For <input type="checkbox"/> Not Applicable	
23. Zip		5. Certificate of Status Desired <input type="checkbox"/>	
24. Country		26. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
		27. \$8.75 Additional Fee Required	
		28. \$5.00 May Be Added to Fees	
		29. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>MURPHY, Robert W Esq 3215 Hendricks Ave. Suite 2 Riverpoint Building Jacksonville, FL 32207</b>		10. Name and Address of New Registered Agent	
		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. 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 - familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE _____ DATE _____ (Signature typed or printed name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE <input type="checkbox"/> DELETE		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>McCafferty, Margaret</b>		1.2 NAME	
STREET ADDRESS <b>253 Patrick Mill Cir</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>Ponte Vedra Beach, FL 32082</b>		1.4 CITY-ST-ZIP	
2. TITLE <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
3. TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4. TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5. TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6. TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: X <b>M. McCafferty</b>		Date <b>4-15-97</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>margaret m. McCafferty</b>		Daytime Phone # <b>(904) 273-5887</b>	