SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLÖRIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

P95000073044 (6)

REGAL GAMES, INC.

Principal Place	of Business	Mai	Ina Addess								
Principal Place of Business Maifing Address 3389 SHERIDAN STREET #249 3389 SHERIDAN STREET #249											マンテー・・・・・ かねいり 申り取りて 草を得る 2番号!
RACHMIEL FI			ACHMIEL FL		WE43						
							7	3. Date Incorp. 09/21/19	orated or Qualified 995	3a. D.	ate of Last Report
2. Principal Pla 21	ace of Business	2a. 26	2a. Mailing Address 26				4	1 / C - ~ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			Applied For Not Applicable
Suite, Apt #		27	Suite, Apt #	, etc.				5. Certificate o	f Status Desired		\$8.75 Additional Fee Required
City & State 23 Holly	wood, Fl	28	City & State	باهمان	FI			 Election Can Trust Fund C 	npaign Financing Contribution		\$5.00 May Be Added to Fees
Zip	Country		Zip '		Countr	У	1	•	· -	_ ~ _	tax under s. 199.032,
24	9. Name and Address of (29 29 29	red Anent		30			Florida Statu	Address of New Re	Yes 👗	<u> </u>
		Zurrent negiste	ieu Agent		81	Name		y, Name and A	Address of New A	gistered	Agent
rachmel, steve f											
3389 SHERIDAN STREET #249					82	82 Street Address (P.O. Box Number is Not Acceptable)					
НА	ACHMIEL FL 33021				83	1					
						ļ. <u>.</u>	 .				
					84	City	Hali.	Poon		FL	85 Zip Code
11. Pursuant to	o the provisions of Sections 60	7.0502 and 607	.1508 Flori	da Statutos	, the above	e-named c	corporati	on submits this	statement for the p		
office or re agent if an	o the provisions of Sections 60 ogistered agent, or both, in the namiliar with, and accept the	State of Florida obligations of !	Such char Section 607	ige was aut .0505. Florid	horized by da Statule:	the corpo	oration's	board of direct	ors. Thereby accep	t the appo	intment äs registered
SIGNATURE	The time the gard doop the	obligations of,	3001311001	.0000, 11011	34 0101010	•					
	Signature, typed or printed name of registi	ered agent and title if	эррісаь»	3TO/I)	Registered Ap	er I signature	required wh	en reinstabng)		OA't	
12.		RS AND DIRECT			13.		•	ADDITIONS/C	HANGES TO OFFI	CERS AND	DIRECTORS IN 12
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14. I do hereby certify that the information supplied with this filling 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

64 CITY - ST - ZIP

SIGNATURE:

CITY - ST - ZIP

06.13.96 800.2882244

FILED

Secretary of State

Jun 19 1996 8:00 am