

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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90052 018 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000094746

1. Corporation Name
CREATIVE GAMING CONCEPTS, INC.



Principal Place of Business 5340 CENTRAL AVENUE ST. PETERSBURG FL 33707	Mailing Address 5340 CENTRAL AVENUE ST. PETERSBURG FL 33707
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/07/1995		Applied For <input type="checkbox"/> Not Applicable	
2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	4. FEI Number 59-3380077	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
22 5000 92nd Street N.	27 5000 92nd St. N.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No
23 St. Petersburg FL	28 St. Petersburg FL		
24 33708 <input type="checkbox"/> USA	29 33708 <input type="checkbox"/> USA		

9. Name and Address of Current Registered Agent

COMPARETTO, ANTHONY J
5340 CENTRAL AVENUE
ST. PETERSBURG FL 33707

10. Name and Address of New Registered Agent

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	TRAVIS, RICHARD C
STREET ADDRESS	7635 141ST ST. N.
CITY-ST-ZIP	SEMINOLE FL 34646
TITLE	VP <input type="checkbox"/> DELETE
NAME	TRAVIS, CHRISTOPHER P
STREET ADDRESS	7603 141ST ST. N.
CITY-ST-ZIP	SEMINOLE FL 34646
TITLE	T <input type="checkbox"/> DELETE
NAME	COMPARETTO, ANTHONY
STREET ADDRESS	5340 CENTRAL AVENUE
CITY-ST-ZIP	ST. PETERSBURG FL 33707
TITLE	S <input type="checkbox"/> DELETE
NAME	HAND, PETER E
STREET ADDRESS	637 GREENCOVE TERR. #138
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED
 4/14/99 727-351-1887
 Date Daytime Phone #

CR2E034 (11/98)