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(Re	equestor's Name)			
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TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT: Tropical Gaming, Inc.
	(I value of corporation)
DOC	UMENT NUMBER: P97000007041
The e	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
Cath	erine B. Veskovski
	(Name of person)
Tripp	Scott, P.A.
	(Name of firm/company)
110 8	SE 6th Street, 15th Floor
-	(Address)
Fort I	Lauderdale, Florida 33301
	(City/state and zip code)
For fu	orther information concerning this matter, please call:
Cathe	(Name of person) at (954) 627-3823 (Area code & daytime telephone number)
Enclo	sed is a \$35.00 check made payable to the Department of State.
Amen Divisi P.O. E	ng Address: Idment Section Ion of Corporations Box 6327 B

TO:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED . AGENT OR BOTH FOR CORPORATIONS

	•	07.0502, 617.0502, 607.1508, or 617.15 a corporation organized under the laws o	
Florida	, ,	e its registered office or registered agent	-
of Florida. 1. The name of	the corporation: Tropical	Gaming, Inc.	<u> </u>
		W 53rd Street, Cooper City, Florida 33330	
3. The mailing	address (if different): Sar	ne	SEB FL
4. Date of incor	poration/qualification:	01/23/97 Document number	. P9700000704
5. The name an		rent registered agent and registered office	on file with the
		ndsay, PA, 1600 SE 17th St, Ste 404	· · ·
	Fort Lauderdale, Florida	33316	
6. The name a changed):	nd street address of the r William J. Gross, Esq.	new registered agent (if changed) and /o	or registered office (if
	Tripp Scott, P.A., 110 SE	6th Street, 15th Floor x or personal mailbox NOT acceptable)	· .
	Fort Lauderdale, Florida 3	3301	
		and the street address of the business o	
Such change wanthorized by t	as authorized by resolution the board, or the corporati	on duly adopted by its board of directors on has been notified in writing of the ch	or by an officer so ange.
(8) gnature of an office	chairman of vice chairman of the be	Jack Tavone, Treasurer (Printed or typed name and	
I hereby accep I further agree performance of registered ager office address,	the appointment as regis to comply with the provis my duties, and I am fam the Or, if this document is thereby confirm that the	stered agent and agree to act in this cap sions of all statutes relative to the proper iliar with and accept the obligation of m being filed merely to reflect a change in corporation has been notified in writing	acity. r and complete ny position as n the registered g of this change.
Willey	Signature of Registered Agent)	4/21/03 (Date)	
If signing on beha	If of an entity:		
	Typed or Printed Name)	(Capacity)	7