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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000031154

GAME TECH INTERNATIONAL, INC.

BEALON

Principal Place of Business

319 CLEMATIS STREET

SUITE 203

66 B ( Suite, Apt. #, etc.

23

24

WEST PALM BEACH FL 33401

2. Principal Place of Business

305701

Mailing Address

2a. Mailing Addres

319 CLEMATIS STREET

SUITE 203

27

28

WEST PALM BEACH FL 33401

## FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90145 048 \*\*\*163.75

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DO NOT WRITE IN THIS SPACE					
3.	Date Incorporated or Qualifed				
	04/07/1997				
4.	FEI Number			Applied For	
	65-0757216			Not Applicable	
5.	Certifcate of Status Desired	A T	\$8.75 Additional Fee Required		
6.	Election Campaign Financing	<b>N</b> /	\$5.00 May Be		

8. This corporation owes the current year Intangible

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WEST PALM BEACH FL 33401

84 City WEST PALM BEACH

11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the put of the composition of th

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.

BEMON ST

Country

SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printe ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ☐ Addition Change DELETE TITLE D 11 TM 6 GROVER, WALTER C 1.2 NAME 2600 NORTH FLAGLER DR. NAME 319 CLEMATIS STREET 1.3 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33401 1.4 CITY-ST-ZIP CITY-ST-ZIF □ DELETE 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIF CITY-ST-ZIP Change Addition DELETE-3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition 6.1 TITLE □ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

1 march 99

617-227-7444

CR2E034 (11