FILED Apr 29, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700034849

STREET ADDRESS

CITY-ST-ZIP

WORLDWIDE GAMING, INC.

Principal Place	e of Business	Mailing Address	Mailing Address			
7312 PELICAN ISLAND DRIVE TAMPA FL 33634		7312 PELICAN ISLAND DEIVE TAMPA FL 33634			DO NOT WRITE IN THIS SPACE	
						3. Date ir corporated or Qualifed
						04/18/1997
2. Principal Place of Business		2a. Mailing Address				4. FEI Number Applied For
¬¬		26				APPLIED FOR Not Applicable
21 Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 Additional
22		27				5. Certificate of Status Desired Fee Recuired
City & State		City & State				6. Electio Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip Country		Zip Country				8. This corporation owes the current year intangible
24	25	29	30			Personal Property Tax. ☐ Yes 🕻 No
	9. Name and Address of Currer	nt Registered Agent		81	Nama	10. Name and Address of New Registered Agent
LITT	E MICUAEL C			81	Name	
LITTLE, MICHAEL G 911 CHESTNUT STREET				82	Street A	Ac dress (P.O. Box Number is Not Acceptable)
CLEARWATER FL 34616				02		
OI.E	ANWAICH I'L 34010			83		
				84	City	FL 85 Zip Code
agent. I a SIGNATUFE	m familiar with, and at cept the obligation of t					required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 11	ΓLE	· I	☐ Change ☐ Addition
NAME	DIAZ, RICK		1.2 N	ME		
STREET ADDRESS	7312 PELICAN ISLAND DR				ADDRESS	
CITY-ST-ZIP	TAMPA FL 33634		1.4 CF	TY-\$1	r-ZiP	
TITLE		☐ DELETE	2.1 TI	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 N	ME		
STREET ADDRESS	•		2.3 ST	REET	ADDRESS	
CITY-ST-ZIP			2.4 C	2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TT	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 N/			
STREET ADDRESS			3.3 ST	REET	ADDRESS	
CITY-ST-ZIP			34 C		T- ZIP	Change Addition
TITLE		☐ DELETE		4 1 TITLE		Change Addition
NAME			4 2 NAME			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP		☐ DELETE	_	4.4 CITY- ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
TITLE			5.1 II 5.2 N/			
NAME					ADDRESS	
STREET ADDRESS			5.4 CI			
CITY-ST-ZIP TITLE		☐ DELETE	61 TI			Change Addition
NAME			6.2 N	AME		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0"(3)(i), Florida Statutes. I further pertify 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.

63 STREET ADDRESS

6.4 CITY-ST-ZIP