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

**PROFIT CORPORATION ANNUAL REPORT** 



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

| DOCUMENT # P97000104687 (3) TRANS WORLD GAMING CORPORATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                 |                                                             |                                                                 |                     |                                               |                |                    |                                                                           |                                                         |                                |                         |                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------|-------------------------------------------------------------|-----------------------------------------------------------------|---------------------|-----------------------------------------------|----------------|--------------------|---------------------------------------------------------------------------|---------------------------------------------------------|--------------------------------|-------------------------|--------------------------------|
| Principal Place of Business Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            |                 |                                                             |                                                                 |                     |                                               |                |                    |                                                                           |                                                         | ##    <b>  </b> #  <b>    </b> |                         | 111 ( <b>BB)</b> 1 <b>98</b> 1 |
| SUITE 200<br>2455 EAST SUNRISE BLVD<br>FORT LAUDERDALE FL 33304                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                            |                 |                                                             | SUITE 200<br>2455 EAST SUNRISE BLVD<br>FORT LAUDERDALE FL 33304 |                     |                                               |                |                    | DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  12/11/1997 |                                                         |                                |                         |                                |
| 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Principal F                                | Place of Busi   | ness                                                        | 2a. Maili                                                       | Mailing Address     |                                               |                |                    |                                                                           | 4, FEI Number                                           |                                | Ar                      | oplied For                     |
| 21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            |                 |                                                             |                                                                 | 26                  |                                               |                |                    |                                                                           | 65-0805091                                              |                                | <del></del>             | ot Applicable                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Suite, Apt.                                | e, Apt. #, etc. |                                                             |                                                                 | Suite, Apt. #, etc. |                                               |                |                    |                                                                           | 5. Certificate of Status Desired                        |                                |                         | Additional                     |
| 22                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | City & Stat                                | & State         |                                                             |                                                                 | City & State        |                                               |                |                    |                                                                           |                                                         |                                |                         | periupe                        |
| 23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | City d Stat                                | d State         |                                                             |                                                                 | 28                  |                                               |                |                    |                                                                           | Election Campaign Financing     Trust Fund Contribution | П                              | \$5.00<br>Added         | May Be                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Zip                                        | Country         |                                                             |                                                                 | 7ip Country         |                                               |                |                    | This corporation owes or has pa                                           | -=                                                      |                                |                         |                                |
| 24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            | 25 29 30        |                                                             |                                                                 | 30                  |                                               |                |                    | Personal Property Tax due June                                            | 30.                                                     | Yes [                          | ] No                    |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                            |                 | and Address of Curre                                        | nt Registered                                                   | Agent               |                                               | -:-            |                    |                                                                           | 10. Name and Address of New Re                          | gistered Ag                    | ent                     |                                |
| BRUMLIK, DONALD J<br>SUITE 200<br>2455 EAST SUNRISE BLVD<br>FORT LAUDERDALE FL 33304                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                            |                 |                                                             |                                                                 |                     |                                               | 81<br>82<br>83 | Street A           | \ddre                                                                     | ss (P.O. Box Number is Not Acceptab                     | le)                            |                         |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ·¥                                         |                 |                                                             |                                                                 |                     | ļī                                            | 84             | City               |                                                                           |                                                         | FI                             | <b>85</b> Ζιρ           | Code                           |
| Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing 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 a agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.  SIGNATURE    Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Sign |                                            |                 |                                                             |                                                                 |                     |                                               |                |                    |                                                                           |                                                         |                                | nanging it<br>itment as | s registered<br>registered     |
| 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            |                 | OFFICERS AF                                                 | ID DIRECTORS                                                    |                     | 13.                                           |                |                    |                                                                           | ADDITIONS/CHANGES TO OFFICE                             |                                |                         | IS IN 12                       |
| THT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                            | D               |                                                             |                                                                 | DELETE              | 1.1 1(1)                                      |                | İ                  | CI                                                                        | HAIRMAN                                                 | Þ                              | Change                  |                                |
| l                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ME<br>Reet address<br>Y-St-Zip             | SUITE 2         | N, KENNETH M<br>200, 2300 EAST OAK<br>AUDERDALE FL 333      |                                                                 | 1.3 STR             | 1.2 NAME  1.3 STREET ADDRESS  1.4 City-St-zip |                |                    |                                                                           |                                                         |                                |                         |                                |
| TIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                            | D               |                                                             | <u> </u>                                                        | DELETE              | 21 TITL                                       |                | ž11                | ₹>                                                                        | RESIDENT                                                | <u> </u>                       | Change                  | Addition                       |
| NAJ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | WE                                         | MARVE           | l, gary                                                     |                                                                 |                     | 2 2 NAM                                       | ME             | J                  | •                                                                         | resident                                                | •                              |                         |                                |
| STF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | STREET ADDRESS SUITE 200, 2300 EAST OAKLAN |                 |                                                             |                                                                 | D PARK BLVD         |                                               |                | 2.3 STREET ADDRESS |                                                                           |                                                         |                                |                         |                                |
| cir                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Y-ST-ZIP                                   |                 | AUDERDALE FL 333                                            | )6                                                              |                     | 2 4 01                                        | Y-S7           | i - ZIP            |                                                                           |                                                         |                                |                         |                                |
| TITL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ١                                          | D               | NA TRACTIC                                                  | (                                                               | DELETE              | 3 1 TITL                                      |                |                    |                                                                           |                                                         | Ĺ                              | ] Change                | L_] Addition                   |
| NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            |                 | INA, THMOTHY                                                | LANDATADE                                                       | NO INC              | 32 NAT                                        |                |                    |                                                                           | -                                                       |                                |                         |                                |
| ĺ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | REET ADDRESS                               |                 | 200, 2300 <b>ea</b> st oak<br>Auderdale Fl <del>-33</del> 3 |                                                                 | DLVU                | •                                             |                | ADDINES            |                                                                           |                                                         |                                |                         |                                |
| TiTL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Y+ST-ZIP                                   | (25)            | AUDERDALE FL 955                                            | <i></i>                                                         | DELETE              | 3.4. CH<br>4.1 THL                            |                | - ZIP              | <:                                                                        | 70 0-10                                                 |                                | Change                  | L Addition                     |
| NAS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                            |                 | IK, DONALD J                                                |                                                                 | C orecin            | 4. 2 NAI                                      |                |                    | JE                                                                        | CRETARN                                                 | ×                              | ) Orlange               | L_J Madicon                    |
| l                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | REET ADDRESS                               |                 |                                                             | SUITE 200                                                       |                     |                                               |                | ADDRESS            |                                                                           |                                                         |                                |                         |                                |
| l                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Y-ST-ZIP                                   | FORT L          | ast sunrise blvd.,<br>Auderdale FL 333                      | )6                                                              |                     | 4.4 CITY                                      |                | ŧ                  |                                                                           |                                                         |                                |                         |                                |
| TITL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                            |                 |                                                             |                                                                 | DELETE              | 5.1 7ITE                                      | _              |                    |                                                                           | <del></del>                                             |                                | Change                  | Addition                       |
| NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ME                                         |                 |                                                             |                                                                 |                     | 5.2 NAN                                       | <b>A</b> E     |                    |                                                                           |                                                         |                                | -                       |                                |
| STR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | EET ADDRESS                                |                 |                                                             |                                                                 |                     |                                               |                | ADDRESS            |                                                                           |                                                         |                                |                         |                                |
| CIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Y-ST-ZIP                                   |                 |                                                             |                                                                 |                     | 5.4 CITY                                      | Y - ST-        | - ZIP              |                                                                           |                                                         |                                |                         |                                |
| 1171                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | .£                                         |                 |                                                             |                                                                 | DELETE              | 6.1 TrYL                                      | .E             |                    |                                                                           |                                                         |                                | Change                  | Addition                       |
| NAM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MÉ                                         |                 |                                                             |                                                                 |                     | 6.2 NAM                                       | Æ              |                    |                                                                           |                                                         |                                |                         |                                |
| STR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | EET ADDRESS                                |                 |                                                             |                                                                 |                     | 6.3 STR                                       | EET A          | ADDRESS            |                                                                           |                                                         |                                |                         |                                |

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 employeed 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 algorithment with an address.

**FILED** 

Jun 04 1998 8:00am

Secretary of State