May 05, 1999 8:00 am Secretary of State

05-05-1999 90045 019 ***155.00

DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT

1999



Mailing Address

2455 EAST SUNRISE BLVD

SUITE 200

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000104687

1. Corporation Name

Principal Place of Business

2455 EAST SUNRISE BLVD

TRANS WORLD GAMING CORPORATION

FORT CAUDERDALE PL 33304		PORT ENDERDALL TE 33304		201101	
				3. Date Incorporated or Qualifed 12/11/1997	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21				65-0805091	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5, Certifcate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year In	ntangible
24	25	29	0	Personal Property Tax.	∐Yes □No
	9. Name and Address of Curren		-1	10. Name and Address of New Registered	d Agent
			81 Name		
Brumlik, Donald J					
SUITE 200			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
2455 EAST SUNRISE BLVD			83		
FORT LAUDERDALE FL 33304			•	_	
1 011	Diggetigrical 2 adds		84 City	F!	85 Zip Code
44 Durauant	to the provisions of Sections 607 050	2 and 607 1508 Florida Statutes	the above-named corr	poration submits this statement for the purpose of	of changing its registered
office or n	egistered agent, or both, in the State of familiar with, and accept the obligation	of Florida. Such change was auti	horized by the corporati	ion's board of directors. I hereby accept the appoint	ointment as registered
SIGNATURE	Signature, typed or printed name of registered agen	at and title if applicable. (NOTE: R	egistered Agent signature require	ed when reinstating) DATE	
12.	<u> </u>	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	C	DELETE	1,1 TITLE	LESIDENT & CEO	Change
NAME	BENSON, KENNETH M		1,2 NAME		-
STREET ADDRESS	SUITE 200, 2300 EAST OAKLA	ND PARK BLVD	1,3 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33306		1.4 CITY-ST-ZIP		
TITLE	D D	DELETE	2.1 TITLE		Change Addition
	MARVÊL, GARY /\	7	22 NAME		
NAME	SUITE 200, 2300 EAST OAKLA	NO BARK BOATO	2.3 STREET ADDRESS		
STREET ADDRESS	PORT LAUDERDALE FL 23306	IND PAIN BLUD			
CITY-ST-ZIP		☐ DELETE	2.4 CITY-ST-ZIP	ICE PRESIDENT + SELY	Change Addition
TITLE	S S S S S S S S S S S S S S S S S S S	□ betæie		THE THEOLOGY TO ALL	4
NAME	BRUMLIK, DONALD J	HITE OOO	3.2 NAME		
STREET ADDRESS	2455 EAST SUNRISE BLVD., SI	UITE 200	3.3 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33306		3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	4.1 TITLE		
NAME			4, 2 NAME		
STREET ADDRESS			4,3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME :			6.2 NAME		
			6.3 STREET ADDRESS		
STREET ADDRESS					

14. Hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an execution of the corporation of the receiver of trustee empowered.

SIGNATURE: