02181999-90001-022-\$150.00-\$150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$5:500

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

Feb 18, 1999 8:00 am Secretary of State 02-18-1999 90001 022 ***150.00

	1999	DIVISION OF CO	RPORATION] ;		
h 11 000 beauti		Mahing Address 80 S.W. 13Th STREET MANI FI. 20130 28					
LEGAL	GAMES, INC.	•					
Principal Plac	e of Business	Mailing Address			- 4 (MB)(MB): ITA (BIB) IRBNI MAITY MAIN	METTE MOTON EITST METAS DESTI	DIGN IBEN 2801
					. DO MOT WORT		
						IN THIS SPACE	
		T			04/01/1998	··· 7	all-d F-a
	tace of Business				APPLIED FO		
					1	\$8.75 A	
<u>⊢</u>					5. Certificate of Status Desired		
City & Stat	18				6. Election Campaign Financing	\$5.00	May Be
23	28.				Trust Fund Contribution	Added (o Fees
Zip	Country	<u> </u>	_				
24	25	<u> </u>	0				<u> </u>
	9. Name and Address of Current	Registered Agent	81 N	lame	10, Name and Address of New Ko	gistered Agent	
TRAZENFELD, WARREN R ESO							
FIRST UNION FINANCIAL CENTER #1870				82 Street Address (P.O. Box Number is Not Acceptable)			
200 SOUTH BISCAYNE BOULEVARD			83				
Miami FL 33131				Mal.			
_			1 1	•		FL []	
11. Pursuant office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State or familiar with, and accept the obligation	and 607.1508, Florida Statules, Florida, Such change was autrons of, Section 607.0505, Florid	the above-na norized by the a Statutes.	smed corpa corporation	ration submits this statement for the pi 's board of directors, I hereby accept	rpose of changing its the appointment as re	registered gistered
SIGNATURE							
	Signature, typed or printed name of registered agent			nature required :			8
12. TITLE	OFFICERS AND			$\overline{}$	ADDITIONS/CHANGES TO OFFI		Addition
NAME	EDWIN Z. MAI	REASUCER	ŧ	\	\		_ 4
STREET ADDRESS	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	TREET		DRESS			8
CITY-ST-ZIP	60 5 W 13 3	33/30	1.4 CITY-ST-ZIF	. .			\ \tilde{\frac{1}{2}} \cdot \fr
TITLE	VICE PRESIDENT	Secretto.	2.1 TITLE			☐ Change	Addition O
NAME	ROBERT Y R	ATWED	22 NAME				
STREET ADDRESS		AVENUE \$ 1601	23 STREET ADD	IRESS			
CITY-ST-ZIP	MIAMI, RC 3	3/3/		<u> </u>			Addition
TITLE		☐ DETE LE			· \	□lícusuña	[] virging
NAME	·	الشيديد فيستهد الساسياني					
STREET ADORESS	F			1	λ		
CITY-ST-ZIP .	 	\ □ DELETE			17,		
NAME			4.2 NAME		· \		
STREET ADDRESS			4.3 STREET ADD	PRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZP				
TITLE	-	\ □ DELETE			\cdot \cdot \cdot \cdot	☐ Change	Addition
NAME		`				\	
STREET ADDRESS				I .		`	1
CITY-ST-ZIP		☐ DELETE	5.4 CITY-ST-ZIP			☐ Change	Addition
TITLE		C) DETEIE	62 NAME			C1 cum flo	
NAME STREET ADDRESS			6.3 STREET ADD	RESS			
CITY-ST-ZIP		~~~ <u>~</u> ~	6.4 CITY-ST-ZIP	ł		•	:
	action that the information as malled with	this filing does not qualify for th			elloo 119 07/3VI). Florida Statutes, I fu	rthor certify that the in	Mormation :

I hereby certify that the information supplied with this filing does not graffly for the exemption stated in Section 119.07(3)(j), Fibrida Statutes. I further certify that the information indicated on this armust report or supplies whital annual report is used and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or tristic disposance to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR