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May 06, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000045100

1. Corporation Name

THE PROFESSIONAL INTERNET GAMING ASSOCIATION, IN
C.

Principal Place of Business

3825 HENDERSON BLVD.
SUITE 605
TAMPA FL 33629

Mailing Address

3825 HENDERSON BLVD.
SUITE 605
TAMPA FL 33629

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/19/1998

4. FEI Number

59-3548415

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 4524 N. 56th St

Suite, Apt. #, etc.

City & State

23 Tampa FL

Zip

Country

24 33610 25 USA

2a. Mailing Address

26 10448 St. Tropez

Suite, Apt. #, etc.

City & State

28 Tampa FL

Zip

Country

29 33615 30 USA

9. Name and Address of Current Registered Agent

LOWE, FREDERICK T ESQ.
3825 HENDERSON BLVD.
SUITE 605
TAMPA FL 33629

10. Name and Address of New Registered Agent

81 Name

Mary Lucris

82 Street Address (P.O. Box Number is Not Acceptable)

10448 St. Tropez

83

84 City

Tampa

FL

85 Zip Code

33615

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Mary Lucris
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/30/99
DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME LOWE, FREDERICK T ESQ.
STREET ADDRESS 3825 HENDERSON BLVD.
CITY-ST-ZIP TAMPA FL 33629 ☒ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME Lucris, Mary
1.3 STREET ADDRESS 10448 St. Tropez
1.4 CITY-ST-ZIP Tampa, FL 33615 ☐ Change ☒ Addition

2.1 TITLE D
2.2 NAME Lucris, Erik
2.3 STREET ADDRESS 10448 St. Tropez
2.4 CITY-ST-ZIP Tampa, FL 33615 ☐ Change ☒ Addition

3.1 TITLE D
3.2 NAME Reeves, Allen Jr.
3.3 STREET ADDRESS 4524 N. 56th St
3.4 CITY-ST-ZIP Tampa, FL 33610 ☐ Change ☒ Addition

4.1 TITLE D
4.2 NAME Reeves, Allen III
4.3 STREET ADDRESS 4524 N. 56th St
4.4 CITY-ST-ZIP Tampa, FL 33610 ☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE:

Mary Lucris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99
Date

727-561-2156
Daytime Phone #

CR2E034 (11/98)