

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90028 050 ***158.75

DOCUMENT # P98000079017

1. Corporation Name
JACKPOT ENTERPRISES, INC.



Principal Place of Business
950 N. FEDERAL HWY. SUITE 210-A
POMPANO BEACH FL 33062

Mailing Address
950 N. FEDERAL HWY. SUITE 210-A
POMPANO BEACH FL 33062

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 6245 N Fed Hwy 3rd FL

Suite, Apt. #, etc.

2a. Mailing Address

26 6245 N Fed Hwy 3rd FL

Suite, Apt. #, etc.

City & State

23 Ft. Lauderdale, FL

Zip Country

33308 25 USA

City & State

28 Ft. Lauderdale, FL

Zip Country

33308 29 USA

9. Name and Address of Current Registered Agent

ROSETTI, CHRISTOPHER
950 N. FEDERAL HWY. SUITE 210-A
POMPANO BEACH FL 33062

3. Date Incorporated or Qualified

09/14/1998

4. FEI Number

☒ 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

10. Name and Address of New Registered Agent

81 Name Robert SANTIAGO

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

83 6245 N. Fed Hwy 3rd FL

84 City Ft. Lauderdale

FL

85 Zip Code

33308

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 *Robert Santiago*

Signature, typed or printed name of registered agent and date.

(NOTE: Registered Agent signature required when reinstating)

2/15/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME ROSETTI, CHRISTOPHER
STREET ADDRESS 303 RIVERSIDE DRIVE SUITE 706
CITY-ST-ZIP POMPANO BEACH FL 33064

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 Director ☒ Change ☐ Addition
1.2 NAME Robert SANTIAGO
1.3 STREET ADDRESS 6245 N. Fed Hwy 3rd FL
1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33308

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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:

Robert Santiago
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/99 (534) 453-6210

Date

Daytime Phone #

CR2034 (11/98)