

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
MAY 14 1995

DOCUMENT # 399312 (8)  
1. Corporation Name  
FLORIDA "M" CORPORATION

Principal Place of Business Mailing Address  
1801 CENTURY PARK EAST 1801 CENTURY PARK EAST  
SUITE 2600 SUITE 2600  
LOS ANGELES CA 90067 LOS ANGELES CA 90067

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/14/1972 3a. Date of Last Report 03/29/1994

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		93-0720416		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		<input type="checkbox"/>			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23		28		<input type="checkbox"/>			
Zip		Country		Zip		Country	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
FL 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REICHARTZ, W. DAN	1.2 NAME	
STREET ADDRESS	3570 LAS VEGAS BLVD., SOUTH	1.3 STREET ADDRESS	
CITY - ST - ZIP	LAS VEGAS NV 89109	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBINSTEIN, MARK	2.2 NAME	
STREET ADDRESS	3570 LAS VEGAS BLVD., SOUTH	2.3 STREET ADDRESS	
CITY - ST - ZIP	LAS VEGAS NV 89109	2.4 CITY - ST - ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROLOCK, ANTHONY	3.2 NAME	
STREET ADDRESS	3570 LAS VEGAS BLVD., SOUTH	3.3 STREET ADDRESS	
CITY - ST - ZIP	LAS VEGAS NV 89109	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, ROGER	4.2 NAME	
STREET ADDRESS	1801 CENTURY PARK EAST, #2600	4.3 STREET ADDRESS	
CITY - ST - ZIP	LOS ANGELES CA 90067	4.4 CITY - ST - ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALL PHILIP L	5.2 NAME	delete
STREET ADDRESS	1801 CENTURY PARK EAST	5.3 STREET ADDRESS	
CITY - ST - ZIP	LOS ANGELES CA 90067	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: *Ross Swine*  
ROSS SWINE, ASST SEC

1-23-95 310.552-2711  
Date Daytime/Evening