

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
Apr 17 1996 8:00 am  
Secretary of State

DOCUMENT # **399312** (8)

1. Corporation Name  
**FLORIDA "M" CORPORATION**



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

3. Date incorporated or Qualified: **04/14/1972**  
3a. Date of Last Report: **02/03/1995**  
4. FEI Number: **93-0720416**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business  
21 **3800 Howard Hughes Pkwy**  
Suite, Apt. #, etc.: **1600**  
City & State: **Las Vegas, NV**  
Zip: **89109** Country: **USA**  
2a. Mailing Address  
26 **3800 Howard Hughes Pkwy**  
Suite, Apt. #, etc.: **1600**  
City & State: **Las Vegas, NV**  
Zip: **89109** Country: **USA**

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
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 607.1908, 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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REICHARTZ, W. DAN</b>	12. NAME	
STREET ADDRESS	<b>3570 LAS VEGAS BLVD., SOUTH</b>	13. STREET ADDRESS	
CITY-ST-ZIP	<b>LAS VEGAS NV 89109</b>	14. CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	2. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUBINSTEIN, MARK</b>	22. NAME	<b>RUBINSTEIN, MARC</b>
STREET ADDRESS	<b>3570 LAS VEGAS BLVD., SOUTH</b>	23. STREET ADDRESS	
CITY-ST-ZIP	<b>LAS VEGAS NV 89109</b>	24. CITY-ST-ZIP	
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BROLICK, ANTHONY</b>	32. NAME	<b>JOHN T. REDMOND</b>
STREET ADDRESS	<b>3570 LAS VEGAS BLVD., SOUTH</b>	33. STREET ADDRESS	<b>3570 LAS VEGAS BLVD. SOUTH</b>
CITY-ST-ZIP	<b>LAS VEGAS NV 89109</b>	34. CITY-ST-ZIP	<b>LAS VEGAS, NV 89109</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LEE, ROGER</b>	42. NAME	<b>JOHN KAPIOLTAS</b>
STREET ADDRESS	<b>1801 CENTURY PARK EAST, #2600</b>	43. STREET ADDRESS	<b>60 STATE STREET</b>
CITY-ST-ZIP	<b>LOS ANGELES CA 90067</b>	44. CITY-ST-ZIP	<b>BOSTON, MA 02109</b>
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. 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 119.07(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 in an attachment with an address.

SIGNATURE: *[Signature]* DATE: **3/26/96** 702-731-7311  
SIGNATURE AND/OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)