

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

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**Feb 05 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 399312 (8)
1. Corporation Name: **FLORIDA "M" CORPORATION**



Principal Place of Business 3800 HOWARD HUGHES PKWY 1600 LAS VEGAS NV 89109 US	Mailing Address 3800 HOWARD HUGHES PKWY 1600 LAS VEGAS NV 89109-0916 US
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3. Date Incorporated or Qualified 04/14/1972	3a. Date of Last Report 04/17/1996
4. FEI Number 93-0720416	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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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 607.1508, 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: _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	REICHARTZ, W. DAN	
STREET ADDRESS	3570 LAS VEGAS BLVD., SOUTH	
CITY-ST-ZIP	LAS VEGAS NV 89109	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RUBINSTEIN, MARC	
STREET ADDRESS	3570 LAS VEGAS BLVD., SOUTH	
CITY-ST-ZIP	LAS VEGAS NV	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JOHN KAPIOLTAS	
STREET ADDRESS	60 STATE STREET	
CITY-ST-ZIP	BOSTON MA	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	JOHN T. REDMOND	
STREET ADDRESS	3570 LAS VEGAS BLVD. SOUTH	
CITY-ST-ZIP	LAS VEGAS NV	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BOYNTON, PETER	
1.3 STREET ADDRESS	3800 HOWARD HUGHES PKWY, STE 1600	
1.4 CITY-ST-ZIP	LAS VEGAS, NEVADA 89109	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RUBINSTEIN, MARC	
2.3 STREET ADDRESS	3570 LAS VEGAS BLVD	
2.4 CITY-ST-ZIP	LAS VEGAS, NEVADA 89109	
3.1 TITLE	S/CC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RIVERA-SOTO, ROBERTO	
3.3 STREET ADDRESS	3800 HOWARD HUGHES PKWY, STE 1600	
3.4 CITY-ST-ZIP	LAS VEGAS, NEVADA 89109	
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WILSON, BETTY M.	
4.3 STREET ADDRESS	3800 HOWARD HUGHES PKWY, STE 1600	
4.4 CITY-ST-ZIP	LAS VEGAS, NEVADA 89109	
5.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	CURTIS, PATRICIA J.	
5.3 STREET ADDRESS	3800 HOWARD HUGHES PKWY, STE 1600	
5.4 CITY-ST-ZIP	LAS VEGAS, NEVADA 89109	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE:  **BETTY M. WILSON, TREASURER** 702 691-3951
Date _____ Daytime Phone # _____

CR2E034 (9/96)