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Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90140 017 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 399312

1. Corporation Name
FLORIDA "M" CORPORATION

Principal Place of Business 3570 LAS VEGAS BLVD SOUTH LAS VEGAS NV 89109 US	Mailing Address 3570 LAS VEGAS BLVD SOUTH LAS VEGAS NV 89109 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/14/1972
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 93-0720416
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 29	Country 30	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

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
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYNTON, PETER	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	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBINSTEIN, MARC	2.2 NAME	
STREET ADDRESS	3570 LAS VEGAS BLVD., SOUTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAS VEGAS NV	2.4 CITY-ST-ZIP	
TITLE	SGC <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERA-SOTO, ROBERTO	3.2 NAME	
STREET ADDRESS	3800 HOWARD HUGHES PKWY, SUITE 1600	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAS VEGAS NV	3.4 CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, BETTY M	4.2 NAME	
STREET ADDRESS	3570 LAS VEGAS BLVD SOUTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAS VEGAS NV 89109	4.4 CITY-ST-ZIP	
TITLE	AS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURTIS, PATRICIA J	5.2 NAME	
STREET ADDRESS	3800 HOWARD HUGHES PKWY SUITE 1600	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAS VEGAS NV	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Treasurer
STREET ADDRESS		6.3 STREET ADDRESS	Maland, Tim
CITY-ST-ZIP		6.4 CITY-ST-ZIP	3570 Las Vegas Blvd. South Las Vegas, Nevada 89109

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: [Signature] 3-29-99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)