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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
2000



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

DOCUMENT # **399312**

1. Corporation Name

FLORIDA "M" CORPORATION

Principal Place of Business

Mailing Address

**3570 LAS VEGAS BLVD SOUTH
LAS VEGAS NV 89109
US**

**3570 LAS VEGAS BLVD SOUTH
LAS VEGAS NV 89109
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/14/1972

2. Principal Place of Business

2a. Mailing Address

21 PARK PLACE & THE BOARDWALK

26 PARK PLACE & THE BOARDWALK

4. FEI Number

Applied For

93-0720416

Not Applied

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 ATLANTIC CITY, NEW JERSEY

28 ATLANTIC CITY, NEW JERSEY

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 08401

25

29 08401

30

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **BOYNTON, PETER**
STREET ADDRESS **3570 LAS VEGAS BLVD SOUTH**
CITY-STATE-ZIP **LAS VEGAS NV 89109**

1.1 TITLE **P/D** ☐ Change ☒ Add
1.2 NAME **WALLACE R. BARR**
1.3 STREET ADDRESS **PARK PLACE & THE BOARDWALK**
1.4 CITY-STATE-ZIP **ATLANTIC CITY, NEW JERSEY 08401**

TITLE **VP** ☒ DELETE
NAME **RUBINSTEIN, MARC**
STREET ADDRESS **3570 LAS VEGAS BLVD., SOUTH**
CITY-STATE-ZIP **LAS VEGAS NV**

2.1 TITLE **S/D** ☐ Change ☒ Add
2.2 NAME **CLIVE S. CUMMIS**
2.3 STREET ADDRESS **3930 HOWARD HUGHES PARKWAY**
2.4 CITY-STATE-ZIP **LAS VEGAS, NEVADA 89109**

TITLE **SGC** ☒ DELETE
NAME **RIVERA-SOTO, ROBERTO**
STREET ADDRESS **3800 HOWARD HUGHES PKWY, SUITE 1600**
CITY-STATE-ZIP **LAS VEGAS NV**

3.1 TITLE **T/D** ☐ Change ☒ Add
3.2 NAME **SCOTT A. LAPORTA**
3.3 STREET ADDRESS **3930 HOWARD HUGHES PARKWAY**
3.4 CITY-STATE-ZIP **LAS VEGAS, NEVADA 89109**

TITLE **AT** ☒ DELETE
NAME **WILSON, BETTY M**
STREET ADDRESS **3570 LAS VEGAS BLVD SOUTH**
CITY-STATE-ZIP **LAS VEGAS NV 89109**

4.1 TITLE **ASSIST. S** ☐ Change ☒ Add
4.2 NAME **VIRGINIA JOHNSON**
4.3 STREET ADDRESS **3930 HOWARD HUGHES PARKWAY**
4.4 CITY-STATE-ZIP **LAS VEGAS, NEVADA 89109**

TITLE **T** ☒ DELETE
NAME **TIM MALAND**
STREET ADDRESS **3570 LAS VEGAS BLVD. SOUTH**
CITY-STATE-ZIP **LAS VEGAS, NEVADA 89109**

5.1 TITLE **ASSIST. S** ☐ Change ☒ Add
5.2 NAME **BERNARD DELURY**
5.3 STREET ADDRESS **PARK PLACE & THE BOARDWALK**
5.4 CITY-STATE-ZIP **ATLANTIC CITY, NEW JERSEY 08401**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☒ Add
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(h), 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:

SCOTT LAPORTA MAY 1, 2000 702-699-5265