

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 573251 (6)

1. Corporation Name
CASINO GAMBLING, INC.



Principal Place of Business: 2801 N.E. 183RD ST. STE 2202 N. MIAMI BCH FL 33160 US
Mailing Address: 2801 N.E. 183 ST #2202 NORTH MIAMI BEACH FL 33160 US

3. Date Incorporated or Qualified: 05/23/1978
3a. Date of Last Report: 01/18/1995
4. FET Number: 59-1942481
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 (21-24)
2a. Mailing Address (26-30)

9. Name and Address of Current Registered Agent: RICHMAN, LOWELL, 2801 N.E. 183 ST, #2202, NORTH MIAMI BEACH FL 33160
10. Name and Address of New Registered Agent (81-85)

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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE: *Lowell Richman Pres.* DATE: 1-22-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1?	
TITLE: P	<input type="checkbox"/> DELETE	1. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: RICHMAN, LOWELL		12 NAME	
STREET ADDRESS: 2801 N.E. 183 ST		13 STREET ADDRESS	
CITY-ST-ZIP: NORTH MIAMI BEACH FL		14 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	2. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		22 NAME	
STREET ADDRESS:		23 STREET ADDRESS	
CITY-ST-ZIP:		24 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	3. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		32 NAME	
STREET ADDRESS:		33 STREET ADDRESS	
CITY-ST-ZIP:		34 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	4. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		42 NAME	
STREET ADDRESS:		43 STREET ADDRESS	
CITY-ST-ZIP:		44 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	5. 1 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. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		62 NAME	
STREET ADDRESS:		63 STREET ADDRESS	
CITY-ST-ZIP:		64 CITY-ST-ZIP	

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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 on an attachment with an address.

SIGNATURE: *Lowell Richman Pres.* DATE: 2-13-96 (305) 933-3935

CR2E034 (12/95)