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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 695564

(5)

MGM GRAND HOTEL & CASINO, INC.

Maritim of Andrews

FILED

Jan 14 1997 8:00am Secretary of State



Principal Place of Business 6120 DUCKWEED RD LAKE WORTH FL 33467-5808 US		6120 DUCKWEED RD.	Mailing Address 6120 DUCKWEED RD. LAKE WORTH FL 33467-5808		1 166116 SIGE 18:81 SINS SING BILL SIST SING SIST SIST SING SING		
UJ					3. Date Incorporated or Qualified 07/22/1981	3a. Date of L 04/12/19	
2. Principal P	lace of Business	PR 26 SAME			4. FEI Number		Applied For
Suite, Apt	DUCKULEP # elo				65-0132532	- \$8	Not Applicab 75 Additional
2		27			5. Certificate of Status Desired	1 1 7 -	ee Required
City & State	10011	City & State			6. Election Campaign Financing	\$5	.00 May Be
3 LA1	(Edon14	28	r		Trust Fund Contribution	A	dded to Fees
4 33 <i>4</i>	67 25 US	<u></u>	30 Country	ISA		Yes 🖳 No	
		Current Registered Agent	81	Name	10. Name and Address of New Re	gistered Agent	
	N PEROTTI		61	iname	None		
6120 DUCKWEED RD SUITE B			82 Street Add		ddress (P.O. Box Number is Not Acceptable)		
	E WORTH FL 33467		83				····
CAN	E WOMITTE SOAD		84	City		85	Zip Code
					rporation submits this statement for the p	FL °°	
	Signatur, Typed or providinar eighted	no shligations of, Section 607 0505, Fix pstered agent and tile Lappocable. (NOT ERS AND DIRECTORS			ulred when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE DERS AND DIRE	
12.	Signatur, Typed or providinar eighted	estered agent and tile 1 applicable. (NOT	E: Registered Age			DATE	CTORS IN 12
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Too nereby centry that, the information supplied with this litting does represent the exemption stated in Section 119-073(ii), ribinda statutes. Further certify that 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; the Lam 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 Brock 12 or Block 13 if changed or combined with an address.

SIGNATURE

SIGNATORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1-407-790-2051

ytime Phone #

one#