

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 19, 1994.
AMOUNT DUE ON OR BEFORE 8/19/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**APPROVED
AND
FILED**

94 JUN 29 AM 10:14
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CORPORATION
 ANNUAL REPORT
 1994



FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F93000003062 (7)**

1. Corporation Name
CASINO AMERICA, INC.

Mailing Address
**7777 GLADES ROAD, SUITE 300
 BOCA RATON FL 33434**

Principal Place of Business
**7777 GLADES ROAD, SUITE 300
 BOCA RATON FL 33434**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified 07/02/1993	3a. Date of Last Report
4. FEI Number 41-1659606	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required <input checked="" type="checkbox"/>	6. Fee for Certificate of Status Desired <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	8. This corporation has liability for intangible tax under § 190.042 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

If above addresses are incorrect in any way, use the above corrected information and enter a new ZIP Code.

2. Mailing Address 21 2200 CORPORATE BLVD NW Suite, Apt #, etc. 22 SUITE 310 City & State 23 BOCA RATON FL Zip 24 33431	2a. Principal Place of Business 26 2200 CORPORATE BLVD NW Suite, Apt #, etc. 27 SUITE 310 City & State 28 BOCA RATON FL Zip 29 33431
Country 25 USA	Country 30 USA

9. Name and Address of Current Registered Agent SOLOMON ALLAN B 7777 GLADES ROAD, SUITE 300 BOCA RATON FL 33434	10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) 2200 CORPORATE BLVD NW B3 SUITE 310 B4 City Boca Raton FL B5 Zip Code 33431
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation hereby certifies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change is authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, am familiar with, and accept the obligations of Sections 607.0502 and 617.0508, Florida Statutes.
 SIGNATURE **ALLAN B. Solomon** (Signature) **Allen B. Solomon** (Typed Name) **6/7/94**

12. OFFICERS AND DIRECTORS		13. CHANGES IN REGISTERED OFFICE AND REGISTERED AGENT	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP	P/D ERNST JAMES E 2117 STATE STREET BETTENDORF IA 52722-1400	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP	711 WASHINGTON LOOP BILOXI, MISS. 33496
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP	S/T/D SOLOMON ALLAN B 7777 GLADES ROAD, STE. 300 BOCA RATON FL 33434	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP	2200 CORPORATE BLVD NW BOCA RATON FL 33431
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP	C/D GOLDSTEIN BERNARD 4401 N. OCEAN BLVD. BOCA RATON FL 33431	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP	D GOLDSTEIN ROBERT 2117 STATE STREET SUITE 300 BETTENDORF IA 52722-1400	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP	VICE PRESIDENT JULIE WATT 711 WASHINGTON LOOP BILOXI, MISS. 33496	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP	VICE PRESIDENT DAVID L. PALTZIK 711 WASHINGTON LOOP BILOXI, MISS. 33496	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is accurate, truthful and does not qualify for the exemption of filing a false statement. I further certify that the information included on this application or supplemental change report is true and accurate and that my signature and seal on this application or supplemental change report are those of the officer or director of the corporation or the person or persons who have authorized the report as required by Sections 607.0502 and 617.0508, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report or change application with an address.
 SIGNATURE: **Allen B. Solomon** (Signature) **Solomon** (Typed Name) **6/7/94** **407-995-6660**

CASINO AMERICA, Inc.

ADDITIONAL OFFICERS AND DIRECTORS

7. Senior Vice President
R. Scott Levanway
711 Washington Loop
Biloxi MS 39530
8. Director
Martin Greenberg
Four World Trade Center
Suite 9468
New York NY 10048
9. Director
Emanuel Crystal
1404 Allen Street
Jackson MS 39201