

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000004644 (1)

1. Corporation Name
TRANS WORLD CASINGS, INC.



Principal Place of Business: **1001 SOUTH 21 ST FT. SMITH AR 72901 US**
Mailing Address: **PO BOX 10048 FT. SMITH AR 72917 US**

3. Date Incorporated or Qualified: **10/14/1993**
3a. Date of Last Report: **04/26/1995**
4. FEI Number: **71-0742062**
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 1101 SOUTH 21st STREET**
2a. Mailing Address: **26**
22. Suite, Apt. #, etc.: **27**
23. City & State: **28**
24. Zip: **25** Country: **29**

9. Name and Address of Current Registered Agent: **CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324**
10. Name and Address of New Registered Agent: **81 Name: [Blank] 82 Street Address (P.O. Box Number is Not Acceptable): [Blank] 83 [Blank] 84 City: [Blank] FL 85 Zip Code: [Blank]**

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: _____ (NOTE: Registered Agent's signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP	NAME: SEITER, JAMES J	1.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1001 SOUTH 21 STREET	CITY-ST-ZIP: FT. SMITH AR	1.2 NAME:	JOHN R. MEYERS
TITLE: DV	NAME: NEAL, DONALD L	1.3 STREET ADDRESS:	1101 SOUTH 21st STREET
STREET ADDRESS: 3801 OLD GREENWOOD ROAD	CITY-ST-ZIP: FT. SMITH AR	1.4 CITY-ST-ZIP:	
TITLE: DS	NAME: COOPER, RICHARD F	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3801 OLD GREENWOOD ROAD	CITY-ST-ZIP: FT. SMITH AR	2.2 NAME:	
TITLE: V	NAME: EVANS, DANIEL V	2.3 STREET ADDRESS:	
STREET ADDRESS: 1001 SOUTH 21 STREET	CITY-ST-ZIP: FT. SMITH AR	2.4 CITY-ST-ZIP:	
TITLE: T	NAME: MEYERS, JOHN R	3.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3801 OLD GREENWOOD ROAD	CITY-ST-ZIP: FT. SMITH AR	3.2 NAME:	S
TITLE: V	NAME: SLACK, R. DAVID	3.3 STREET ADDRESS:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3801 OLD GREENWOOD ROAD	CITY-ST-ZIP: FT. SMITH AR	3.4 CITY-ST-ZIP:	
TITLE: T	NAME: MEYERS, JOHN R	4.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3801 OLD GREENWOOD ROAD	CITY-ST-ZIP: FT. SMITH AR	4.2 NAME:	
TITLE: V	NAME: SLACK, R. DAVID	4.3 STREET ADDRESS:	1101 SOUTH 21st STREET
STREET ADDRESS: 3801 OLD GREENWOOD ROAD	CITY-ST-ZIP: FT. SMITH AR	4.4 CITY-ST-ZIP:	
TITLE: T	NAME: MEYERS, JOHN R	5.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3801 OLD GREENWOOD ROAD	CITY-ST-ZIP: FT. SMITH AR	5.2 NAME:	DAVID E. LOEFFLER
TITLE: V	NAME: SLACK, R. DAVID	5.3 STREET ADDRESS:	
STREET ADDRESS: 3801 OLD GREENWOOD ROAD	CITY-ST-ZIP: FT. SMITH AR	5.4 CITY-ST-ZIP:	
TITLE: T	NAME: MEYERS, JOHN R	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3801 OLD GREENWOOD ROAD	CITY-ST-ZIP: FT. SMITH AR	6.2 NAME:	
TITLE: V	NAME: SLACK, R. DAVID	6.3 STREET ADDRESS:	
STREET ADDRESS: 3801 OLD GREENWOOD ROAD	CITY-ST-ZIP: FT. SMITH AR	6.4 CITY-ST-ZIP:	

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: R. David Slack R. David Slack 4/15/96 (501) 785-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)