

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000004644 (1)
 1. Corporation Name
TRANS WORLD CASINGS, INC.



Principal Place of Business 1101 SOUTH 21ST STREET FT. SMITH AR 72901 US	Mailing Address PO BOX 10048 FT. SMITH AR 72917-0048 US
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 10/14/1993	3a. Date of Last Report 04/23/1996
22. City & State 23	27. City & State 28	4. FEI Number 71-0742062	Applied For <input type="checkbox"/> Not Applicable
24. Zip 25 Country	29. Zip 30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	JOHN R MEYERS	
STREET ADDRESS	1101 SOUTH 21ST STREET	
CITY-ST-ZIP	FT. SMITH AR	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	NEAL, DONALD L	
STREET ADDRESS	3801 OLD GREENWOOD ROAD	
CITY-ST-ZIP	FT. SMITH AR	
TITLE	S	<input type="checkbox"/> DELETE
NAME	COOPER, RICHARD F	
STREET ADDRESS	3801 OLD GREENWOOD ROAD	
CITY-ST-ZIP	FT. SMITH AR	
TITLE	V	<input type="checkbox"/> DELETE
NAME	EVANS, DANIEL V	
STREET ADDRESS	1101 SOUTH 21S STREET	
CITY-ST-ZIP	FT. SMITH AR	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DAVID E. LOEFFLER	
STREET ADDRESS	3801 OLD GREENWOOD ROAD	
CITY-ST-ZIP	FT. SMITH AR	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SLACK, R. DAVID	
STREET ADDRESS	3801 OLD GREENWOOD ROAD	
CITY-ST-ZIP	FT. SMITH AR	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CD Robert A. Young, III
2.3 STREET ADDRESS	3801 OLD GREENWOOD ROAD
2.4 CITY-ST-ZIP	Fort Smith, AR 72903
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. **R. DAVID SLACK**

SIGNATURE _____

CR2E034 (9/96)