

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 4:44

DOCUMENT # **P92000011721 (7)**

1. Corporation Name

PREMIER ENTERTAINMENT OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

401 E. SEMORAN BLVD.
CASSELBERRY FL 32707

~~401 E. SEMORAN BLVD.~~
~~CASSELBERRY FL 32707~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suits, Apt. #, etc

26 Suits, Apt. #, etc

23 City & State

28 City & State

24 Zip

Country

29 Zip

Country

3. Date Incorporated or Qualified

12/14/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3170854

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~MCGEE, PEREZ & POWERS P~~
~~201 E. PINE STREET~~
~~SUITE 700~~
~~ORLANDO FL 32801~~

81 Name

A.G.C. Co.

82 Street Address (P.O. Box Number is Not Acceptable)

200 S. Orange Ave.

83

Suite 2300

84 City

Orlando

FL

85 Zip Code
32801

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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

By: *G. Thomas Ball*
G. Thomas Ball, Vice President

3/29/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	VEIGLE, JAMES
STREET ADDRESS	401 E. SEMORAN BLVD.
CITY, ST, ZIP	CASSELBERRY FL 32707
TITLE	D
NAME	VEIGLE, CHARLES
STREET ADDRESS	401 E. SEMORAN BLVD.
CITY, ST, ZIP	CASSELBERRY FL 32707
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110 (7)(C)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

James Veigle
James Veigle

1/95

767-2977